

North Dakota Department of Human Services

Group Provider Application Checklists

Contents

Group Applications	3
Other Service Providers (017)	3
Lodging (017 – 339)	3
Meals (017 – 393)	4
Lodging and Meals (017 – 339 & 393)	5
County Social Service Offices (017 – 468)	6
Agencies (025)	7
Community Behavioral Health (025 – 357)	7
Targeted Case Management (025 – 035)	8
Home Health Agency (025 – 082)	9
Hospice (025 – 454)	10
Local Education Agency (LEA) (025 – 397)	11
Private Duty Nursing (025 – 499)	12
Clinic (Ambulatory Health Care Facility) (026)	13
General Clinic Checklist (Not for Adolescent & Children Mental Health, Ambulatory Surgical Centers, Dental, FQHC, Physical Therapy, Rehab, or RHC)	13
Adolescent & Children Mental Health (ABA) (026 – 026)	14
Ambulatory Surgical Center (ASC) Institutional Billing (026 – 089)	15
Ambulatory Surgical Center (ASC) Professional Billing (026 – 503 or 504)	16
Dental (026 – 437 or 503)	17
Federally Qualified Health Center (FQHC) (026 – 361)	18
Federally Qualified Health Center Optometrist, Chiropractor, and/or Podiatrist Billing Group (026 – 503 or 504)	19
Mental Health (Rehab) (026 – 360)	20
Physical Therapy (026 – 110)	21
Rehabilitation, Substance Use Disorder Unit (026 – 364)	22
Rural Health Clinic (RHC) (026 – 268)	23
Hospital Units (027)	24
Hospital Unit - Rehabilitation, Substance Use Disorder Unit (027 – 623)	24
Hospital Unit - Swingbed (027 – 196)	25
Hospital	26

Hospital Institutional Billing (028)..... 26

Hospital Professional Billing (026 – 503 or 504) 27

Laboratory (029) 28

Skilled Nursing Facility (031 – 269) 29

Residential Treatment Facility (032) 30

 Psychiatric Residential Treatment Facility (032 – 258) 30

 RTF, Emotionally Disturbed Children (032-264) 31

Sole Proprietors 32

 Sole Proprietor 32

 Sole Proprietor – Autism Waiver 33

Suppliers (033) 34

 Durable Medical Equipment (DME) 34

 Pharmacy 35

 Hearing Aid Specialists (033 – 383) 36

Transportation Services (034) 37

 Ambulance 37

Developmental Disabilities (039) 38

 Autism Waiver..... 38

 Autism Waiver – Sole Proprietor 33

Basic Care (043)..... 39

Indian Health Services (IHS) (047)..... 40

Group Application Checklist

017 - 339 - Lodging

Application Tracking #	
Provider Name	
Billing Address	
Service Address	

Are you enrolling any other service locations at this time? YES NO

If yes, please attach a list with the addresses of all service locations being enrolled (must have the same Provider Type, EIN, and billing address)

Contact Person	
Phone	
Email	

Check List	Check				
SFN 620 (6-2018)	Required only if group does not fill out the application online				
W-9 (10-2018)	Signed By: <table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td></tr></table>				
CP 575/147C*					
IRS Tax Exempt Letter	Required if group provider is exempt from federal taxes				
SFN 661 (6-2010)	Signed By: <table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td></tr></table>				
Bank Letter/Voiced Check					
SFN 1168 (6-2018)	Signed By: <table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td style="text-align: center;">Instructions for the SFN 1168</td><td></td></tr></table>			Instructions for the SFN 1168	
		Instructions for the SFN 1168			
Do you have any Managing Employees (authorized to sign on behalf of the business) not showing on the SFN 1168?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
List of Board Members/Trustees with dates of birth and SSNs	Required if group is a corporation or non-profit corporation				
SFN 615 (11-2017)	Signed By: <table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td></tr></table>				

PROVIDER TYPE	017-Other Service Providers
SPECIALTY	339-Lodging
TAXONOMY	N/A

*The IRS Form CP 575 is an Internal Revenue Service (IRS) generated letter providers receive from the IRS granting their Employer Identification Number (EIN). A copy of your CP 575 is required to verify the provider or supplier's legal business name and EIN. If you are not able to locate the first EIN letter, you can get a 147C letter from the IRS. This is a different type of EIN verification. Call the IRS at 1-800-829-0115 between the hours of 7 a.m. and 7 p.m. in your local time zone. Request a 147C letter when the IRS agent takes your call.

Please coordinate with your billing department and any other applicable area to determine the correct enrollment effective date. **The Department will not make changes to that date once the application is approved** and any claims submitted with a date of service prior to the enrollment effective date will deny. A retroactive enrollment effective date is limited to no more than ninety (90) days prior to the date a **complete** application packet is received by the Department. If the date requested is outside the 90 day timeframe, the enrollment effective date assigned will be 90 days from the date the complete application packet was received.

Enrollment Effective Date			
Printed Name (Requester)		Date	

Group Application Checklist

017 - 393 - Meals

Application Tracking #	
Provider Name	
Billing Address	
Service Address	

Are you enrolling any other service locations at this time? YES NO

If yes, please attach a list with the addresses of all service locations being enrolled (must have the same Provider Type, EIN, and billing address)

Contact Person	
Phone	
Email	

Check List	Check				
SFN 620 (6-2018)	Required only if group does not fill out the application online				
W-9 (10-2018)	Signed By: <table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td></tr></table>				
CP 575/147C*					
IRS Tax Exempt Letter	Required only if group provider is tax exempt				
SFN 661 (6-2010)	Signed By: <table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td></tr></table>				
Bank Letter/Voiced Check					
SFN 1168 (6-2018)	Signed By: <table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td></tr></table> Instructions for the SFN 1168				
Do you have any Managing Employees (authorized to sign on behalf of the business) not showing on the SFN 1168?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
List of Board Members/Trustees with dates of birth and SSNs	Required if group is a corporation or non-profit corporation				
SFN 615 (11-2017)	Signed By: <table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td></tr></table>				

PROVIDER TYPE 017-Other Service Providers

SPECIALTY 393-Provide Meals

TAXONOMY N/A

*The IRS Form CP 575 is an Internal Revenue Service (IRS) generated letter providers receive from the IRS granting their Employer Identification Number (EIN). A copy of your CP 575 is required to verify the provider or supplier's legal business name and EIN. If you are not able to locate the first EIN letter, you can get a 147C letter from the IRS. This is a different type of EIN verification. Call the IRS at 1-800-829-0115 between the hours of 7 a.m. and 7 p.m. in your local time zone. Request a 147C letter when the IRS agent takes your call.

Please coordinate with your billing department and any other applicable area to determine the correct enrollment effective date. **The Department will not make changes to that date once the application is approved** and any claims submitted with a date of service prior to the enrollment effective date will deny. A retroactive enrollment effective date is limited to no more than ninety (90) days prior to the date a **complete** application packet is received by the Department. If the date requested is outside the 90 day timeframe, the enrollment effective date assigned will be 90 days from the date the complete application packet was received.

Enrollment Effective Date			
Printed Name (Requester)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;">Date</td> </tr> </table>		Date
	Date		

Group Application Checklist

017 - 339 & 393 - Lodging & Meals

Application Tracking #	
Provider Name	
Billing Address	
Service Address	

Are you enrolling any other service locations at this time? YES NO

If yes, please attach a list with the addresses of all service locations being enrolled (must have the same Provider Type, EIN, and billing address)

Contact Person	
Phone	
Email	

Check List	Check				
SFN 620 (6-2018)	Required only if group does not fill out the application online				
W-9 (10-2018)	Signed By: <table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td></tr></table>				
CP 575/147 C*					
IRS Tax Exempt Letter	Required if group provider is exempt from federal taxes				
SFN 661 (6-2010)	Signed By: <table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td></tr></table>				
Bank Letter/Voiced Check					
SFN 1168 (6-2018)	Signed By: <table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td></tr></table> Instructions for the SFN 1168				
Do you have any Managing Employees (authorized to sign on behalf of the business) not showing on the SFN 1168?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
List of Board Members/Trustees with dates of birth and SSNs	Required if group is a corporation or non-profit corporation				
SFN 615 (11-2017)	Signed By: <table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td></tr></table>				

PROVIDER TYPE 017-Other Service Providers

SPECIALTY 339-Lodging 393-Provide Meals

TAXONOMY N/A

*The IRS Form CP 575 is an Internal Revenue Service (IRS) generated letter providers receive from the IRS granting their Employer Identification Number (EIN). A copy of your CP 575 is required to verify the provider or supplier's legal business name and EIN. If you are not able to locate the first EIN letter, you can get a 147C letter from the IRS. This is a different type of EIN verification. Call the IRS at 1-800-829-0115 between the hours of 7 a.m. and 7 p.m. in your local time zone. Request a 147C letter when the IRS agent takes your call.

Please coordinate with your billing department and any other applicable area to determine the correct enrollment effective date. **The Department will not make changes to that date once the application is approved** and any claims submitted with a date of service prior to the enrollment effective date will deny. A retroactive enrollment effective date is limited to no more than ninety (90) days prior to the date a **complete** application packet is received by the Department. If the date requested is outside the 90 day timeframe, the enrollment effective date assigned will be 90 days from the date the complete application packet was received.

Enrollment Effective Date			
Printed Name (Requester)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"></td> <td style="width: 30%;">Date</td> </tr> </table>		Date
	Date		

Group Application Checklist

017 - 468 - County Social Service Offices

Application Tracking #	
Provider Name	
Billing Address	
Service Address	

Are you enrolling any other service locations at this time? YES NO

If yes, please attach a list with the addresses of all service locations being enrolled (must have the same Provider Type, NPI, EIN, and billing address)

Contact Person	
Phone	
Email	

Check List	Check
W-9 (10-2018) Signed By:	
CP 575/147C*	
Organizational NPI Enumeration Date:	
SFN 661 (6-2010) Signed By:	
Bank Letter/Voided Check	
SFN 1168 (6-2018) Signed By:	Instructions for the SFN 1168
Do you have any Managing Employees (authorized to sign on behalf of the business) not showing on the SFN 1168? List of Board Members/Trustees with dates of birth and SSNs	<input type="checkbox"/> YES <input type="checkbox"/> NO <i>Required if group is a corporation or non-profit corporation</i>
SFN 615 (11-2017) Signed By:	

PROVIDER TYPE	017-Other Service Providers
SPECIALTY	468-County Social Service Office
TAXONOMY	171M00000X

ND Medicaid Group Taxonomy List

<http://www.nd.gov/dhs/info/mmis/docs/mmis-group-provider-code-taxonomy.pdf>

*The IRS Form CP 575 is an Internal Revenue Service (IRS) generated letter providers receive from the IRS granting their Employer Identification Number (EIN). A copy of your CP 575 is required to verify the provider or supplier's legal business name and EIN. If you are not able to locate the first EIN letter, you can get a 147C letter from the IRS. This is a different type of EIN verification. Call the IRS at 1-800-829-0115 between the hours of 7 a.m. and 7 p.m. in your local time zone. Request a 147C letter when the IRS agent takes your call.

Please coordinate with your billing department and any other applicable area to determine the correct enrollment effective date. **The Department will not make changes to that date once the application is approved** and any claims submitted with a date of service prior to the enrollment effective date will deny. A retroactive enrollment effective date is limited to no more than ninety (90) days** prior to the date a **complete** application packet is received by the Department. If the date requested is outside the 90 day timeframe, the enrollment effective date assigned will be 90 days from the date the complete application packet was received.

**If this application is associated with an emergency service, the Department may consider a date more than 90 days prior to the date a complete application packet is received. You must include a copy of the claim and medical records with your application documents.

This application is associated with an emergency service. We are requesting the date of _____. Refer to the ** above.

Enrollment Effective Date	
Printed Name (Requester)	Date

Group Application Checklist 025 - 357 - Community Behavioral Health*

Application Tracking #			
Provider Name			
Enrolled in Medicare?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	Provide Medicare ID:
Enrolled in Medicaid in another State?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	Provide Medicaid ID:
Billing Address			
Service Address			

Are you enrolling any other service locations at this time? YES NO
If yes, please attach a list with the addresses of all service locations being enrolled (must have the same Provider Type, NPI, EIN, and billing address)

Contact Person			
Phone			
Email			

Check List	Check
W-9 (10-2018)	Signed By: _____
CP 575/147C**	
IRS Tax Exempt Letter	Required if group provider is exempt from federal taxes
Agency License***	Issued: _____ Expires: _____
Organizational NPI	Enumeration Date: _____
SFN 661 (6-2010)	Signed By: _____
Bank Letter/Voided Check	
SFN 1168 (6-2018)	Signed By: _____ Instructions for the SFN 1168
Do you have any Managing Employees (authorized to sign on behalf of the business) not showing on the SFN 1168? <input type="checkbox"/> YES <input type="checkbox"/> NO	
List of Board Members/Trustees with dates of birth and SSNs	Required if group is a corporation or non-profit corporation
SFN 615 (11-2017)	Signed By: _____

PROVIDER TYPE	025-Agencies
SPECIALTY	357-Community/Behavioral Health
TAXONOMY	251S00000X

ND Medicaid Group Taxonomy List

<http://www.nd.gov/dhs/info/mmis/docs/mmis-group-provider-code-taxonomy.pdf>

*No Out of State Community Behavioral Health Agencies will be enrolled.

**The IRS Form CP 575 is an Internal Revenue Service (IRS) generated letter providers receive from the IRS granting their Employer Identification Number (EIN). A copy of your CP 575 is required to verify the provider or supplier's legal business name and EIN. If you are not able to locate the first EIN letter, you can get a 147C letter from the IRS. This is a different type of EIN verification. Call the IRS at 1-800-829-0115 between the hours of 7 a.m. and 7 p.m. in your local time zone. Request a 147C letter when the IRS agent takes your call.

***License submitted must be current as of the date the application is approved.

Please coordinate with your billing department and any other applicable area to determine the correct enrollment effective date. **The Department will not make changes to that date once the application is approved** and any claims submitted with a date of service prior to the enrollment effective date will deny. A retroactive enrollment effective date is limited to no more than ninety (90) days**** prior to the date a **complete** application packet is received by the Department. If the date requested is outside the 90 day timeframe, the enrollment effective date assigned will be 90 days from the date the complete application packet was received.

****If this application is associated with an emergency service, the Department may consider a date more than 90 days prior to the date a complete application packet is received. You must include a copy of the claim and medical records with your application documents.

This application is associated with an emergency service. We are requesting the date of _____. Refer to the **** above.

Enrollment Effective Date			
Printed Name (Requester)		Date	

Group Application Checklist 025- Targeted Case Management Group

Type of TCM Services provided (Check all you are enrolling to provide):

- Child Welfare
 Long Term Care
 High Risk Pregnant Women & Infants

Application Tracking #	
Provider Name	
Service Location	

Are you enrolling any other service locations at this time? YES NO

If yes, please attach a list with the addresses of all service locations being enrolled (must have the same Provider Type, NPI, EIN, and billing address)

Contact Person	
Phone	
Email	

Check List	Check
W-9 (10-2018)	Signed By: _____
CP 575/147C*	
Tax Exempt Letter	Required only if group provider is tax exempt
Attestation**	Issued: _____ Expires: _____
Organizational NPI	Enumeration Date: _____
SFN 661 (6-2010)	Signed By: _____
Bank Letter/Voiced Check	
SFN 509 (10-2018)	Required for Out of State Fee For Service Providers Only - Date of Service must match Claim Submission Effective Date
Medical Notes	Required for Out of State Fee For Service Providers Only - Date of Service must match Claim Submission Effective Date
SFN 1168 (6-2018)	Signed By: _____ Instructions for the SFN 1168
Do you have any Managing Employees (authorized to sign on behalf of the business) not showing on the SFN 1168?	<input type="checkbox"/> YES <input type="checkbox"/> NO
List of Board Members/Trustees with dates of birth and SSNs	Required if group is a corporation or non-profit corporation
SFN 615 (11-2017)	Signed By: _____

PROVIDER TYPE	025-Agencies
SPECIALTY	035-Case Management
TAXONOMY	251B00000X

ND Medicaid Group Taxonomy List

<http://www.nd.gov/dhs/info/mmis/docs/mmis-group-provider-code-taxonomy.pdf>

*The IRS Form CP 575 is an Internal Revenue Service (IRS) generated letter providers receive from the IRS granting their Employer Identification Number (EIN). A copy of your CP 575 is required to verify the provider or supplier's legal business name and EIN. If you are not able to locate the first EIN letter, you can get a 147C letter from the IRS. This is a different type of EIN verification. Call the IRS at 1-800-829-0115 between the hours of 7 a.m. and 7 p.m. in your local time zone. Request a 147C letter when the IRS agent takes your call.

**Attestation submitted must match the TCM services checked at the top of this checklist. If enrolling to provide more than one type of service, please submit the attestation for each service.

***If this application is associated with an emergency service, the Department may consider a date up to 90 days prior to the date a complete application packet is received.

Please coordinate with your billing department and any other applicable area to determine the correct enrollment effective date. **The Department will not make changes to that date once the application is approved** and any claims submitted with a date of service prior to the enrollment effective date will deny. A retroactive enrollment effective date is limited to no more than ninety (90) days*** prior to the date a **complete** application packet is received by the Department. If the date requested is outside the 90 day timeframe, the enrollment effective date assigned will be 90 days from the date the complete application packet was received.

****If this application is associated with an emergency service, the Department may consider a date more than 90 days prior to the date a complete application packet is received. You must include a copy of the claim and medical records with your application documents.

This application is associated with an emergency service. We are requesting the date of _____. Refer to the **** above.

Enrollment Effective Date	
Printed Name (Requester)	Date

Group Application Checklist 025 - 082 - Home Health Agency (HHA)

Application Tracking #	
Provider Name	
Medicare ID*	
Billing Address	
Service Address	

Are you enrolling any other service locations at this time? YES NO

If yes, please attach a list with the addresses of all service locations being enrolled (must have the same Provider Type, NPI, EIN, and billing address)

Contact Person	
Phone	
Email	

Check List	Check
W-9 (10-2018)	Signed By: _____
CP 575/147C**	
IRS Tax Exempt Letter	Required if group provider is exempt from federal taxes
HHA License***	Issued: _____ Expires: _____
CMS Certification Letter	
Medicare Rates	
Organizational NPI	Enumeration Date: _____
SFN 661 (6-2010)	Signed By: _____
Bank Letter/Voided Check	
SFN 509 (10-2018)	Required for Out of State Fee For Service Providers Only - Date of Service must match Claim Submission Effective Date
Medical Records	Required for Out of State Fee For Service Providers Only - Date of Service must match Claim Submission Effective Date
SFN 1168 (6-2018)	Signed By: _____ Instructions for the SFN 1168
Do you have any Managing Employees (authorized to sign on behalf of the business) not showing on the SFN 1168?	<input type="checkbox"/> YES <input type="checkbox"/> NO
List of Board Members/Trustees with dates of birth and SSNs	Required if group is a corporation or non-profit corporation
SFN 615 (11-2017)	Signed By: _____

PROVIDER TYPE 025-Agencies

SPECIALTY 082-Home Health Agency

TAXONOMY 251E00000X

ND Medicaid Group Taxonomy List

<http://www.nd.gov/dhs/info/mmis/docs/mmis-group-provider-code-taxonomy.pdf>

*All Home Health Agencies must be enrolled with Medicare before enrolling with ND Medicaid.

**The IRS Form CP 575 is an Internal Revenue Service (IRS) generated letter providers receive from the IRS granting their Employer Identification Number (EIN). A copy of your CP 575 is required to verify the provider or supplier's legal business name and EIN. If you are not able to locate the first EIN letter, you can get a 147C letter from the IRS. This is a different type of EIN verification. Call the IRS at 1-800-829-0115 between the hours of 7 a.m. and 7 p.m. in your local time zone. Request a 147C letter when the IRS agent takes your call.

***License submitted must be current as of the date the application is approved.

Please coordinate with your billing department and any other applicable area to determine the correct enrollment effective date. **The Department will not make changes to that date once the application is approved** and any claims submitted with a date of service prior to the enrollment effective date will deny. A retroactive enrollment effective date is limited to no more than ninety (90) days**** prior to the date a **complete** application packet is received by the Department. If the date requested is outside the 90 day timeframe, the enrollment effective date assigned will be 90 days from the date the complete application packet was received.

****If this application is associated with an emergency service, the Department may consider a date more than 90 days prior to the date a complete application packet is received. You must include a copy of the claim and medical records with your application documents.

This application is associated with an emergency service. We are requesting the date of _____. Refer to the **** above.

Enrollment Effective Date	
Printed Name (Requester)	Date

Group Application Checklist 025 - 454 - Hospice

Application Tracking #	
Provider Name	
Medicare ID*	
Billing Address	
Service Address	

Are you enrolling any other service locations at this time? YES NO

If yes, please attach a list with the addresses of all service locations being enrolled (must have the same Provider Type, NPI, EIN, and billing address)

Attending Provider**	
Medicaid ID/Application Tracking Number	

Contact Person	
Phone	
Email	

Check List	Check
W-9 (10-2018)	Signed By: _____
CP 575/147C***	
IRS Tax Exempt Letter	Required if group provider is exempt from federal taxes
Hospice License****	Issued: _____ Expires: _____
CMS Certification (Survey)	
Benefit Elect Form	
Organizational NPI	Enumeration Date: _____
SFN 661 (6-2010)	Signed By: _____
Bank Letter/Voided Check	
SFN 509 (10-2018)	Required for Out of State Fee For Service Providers Only - Date of Service must match Claim Submission Effective Date
Medical Notes	Required for Out of State Fee For Service Providers Only - Date of Service must match Claim Submission Effective Date
SFN 1168 (6-2018)	Signed By: _____ Instructions for the SFN 1168
Do you have any Managing Employees (authorized to sign on behalf of the business) not showing on the SFN 1168?	<input type="checkbox"/> YES <input type="checkbox"/> NO
List of Board Members/Trustees with dates of birth and SSNs	Required if group is a corporation or non-profit corporation
SFN 615 (11-2017)	Signed By: _____

PROVIDER TYPE	025-Agencies
SPECIALTY	454-Hospice Care, Community Based
TAXONOMY	251G00000X

ND Medicaid Group Taxonomy List

<http://www.nd.gov/dhs/info/mmis/docs/mmis-group-provider-code-taxonomy.pdf>

*All Hospices must be enrolled with Medicare before enrolling with ND Medicaid.

**CMS requires the attending provider's NPI on the claim and the attending provider must be enrolled with ND Medicaid or the claim will deny.

***The IRS Form CP 575 is an Internal Revenue Service (IRS) generated letter providers receive from the IRS granting their Employer Identification Number (EIN). A copy of your CP 575 is required to verify the provider or supplier's legal business name and EIN. If you are not able to locate the first EIN letter, you can get a 147C letter from the IRS. This is a different type of EIN verification. Call the IRS at 1-800-829-0115 between the hours of 7 a.m. and 7 p.m. in your local time zone. Request a 147C letter when the IRS agent takes your call.

****License submitted must be current as of the date the application is approved.

Please coordinate with your billing department and any other applicable area to determine the correct enrollment effective date. **The Department will not make changes to that date once the application is approved** and any claims submitted with a date of service prior to the enrollment effective date will deny. A retroactive enrollment effective date is limited to no more than ninety (90) days**** prior to the date a **complete** application packet is received by the Department. If the date requested is outside the 90 day timeframe, the enrollment effective date assigned will be 90 days from the date the complete application packet was received.

*****If this application is associated with an emergency service, the Department may consider a date more than 90 days prior to the date a complete application packet is received. You must include a copy of the claim and medical records with your application documents.

This application is associated with an emergency service. We are requesting the date of _____. Refer to the ***** above.

Enrollment Effective Date	
Printed Name (Requester)	Date

Group Application Checklist

025- 397 - Local Education Agency (LEA) Special Education

Application Tracking #	
Provider Name	
Billing Address	
Service Address	

Are you enrolling any other service locations at this time? YES NO

If yes, please attach a list with the addresses of all service locations being enrolled (must have the same Provider Type, NPI, EIN, and billing address)

Contact Person	
Phone	
Email	

Check List	Check
W-9 (10-2018)	Signed By: <input type="checkbox"/>
CP 575/147C*	<input type="checkbox"/>
IRS Tax Exempt Letter	Required if group provider is exempt from federal taxes <input type="checkbox"/>
Speech Therapy License**	Issued: <input type="checkbox"/> Expires: <input type="checkbox"/>
Org NPI	Enumeration Date: <input type="checkbox"/>
SFN 661 (6-2010)	Signed By: <input type="checkbox"/>
Bank Letter/Voided Check	<input type="checkbox"/>
SFN 1168 (6-2018)	Signed By: <input type="checkbox"/> Instructions for the SFN 1168
Do you have any Managing Employees (authorized to sign on behalf of the business) not showing on the SFN 1168?	<input type="checkbox"/> YES <input type="checkbox"/> NO
List of Board Members/Trustees with dates of birth and SSNs	Required if group is a corporation or non-profit corporation <input type="checkbox"/>
SFN 615 (11-2017)	Signed By: <input type="checkbox"/>

PROVIDER TYPE	025-Agencies
SPECIALTY	397-Local Education (LEA)/Special Edu
TAXONOMY	251300000X

ND Medicaid Group Taxonomy List

<http://www.nd.gov/dhs/info/mmis/docs/mmis-group-provider-code-taxonomy.pdf>

*The IRS Form CP 575 is an Internal Revenue Service (IRS) generated letter providers receive from the IRS granting their Employer Identification Number (EIN). A copy of your CP 575 is required to verify the provider or supplier's legal business name and EIN. If you are not able to locate the first EIN letter, you can get a 147C letter from the IRS. This is a different type of EIN verification. Call the IRS at 1-800-829-0115 between the hours of 7 a.m. and 7 p.m. in your local time zone. Request a 147C letter when the IRS agent takes your call.

** Speech Therapy or ABA License submitted must be current as of the date the application is approved.

Please coordinate with your billing department and any other applicable area to determine the correct enrollment effective date. **The Department will not make changes to that date once the application is approved** and any claims submitted with a date of service prior to the enrollment effective date will deny. A retroactive enrollment effective date is limited to no more than ninety (90) days*** prior to the date a **complete** application packet is received by the Department. If the date requested is outside the 90 day timeframe, the enrollment effective date assigned will be 90 days from the date the complete application packet was received.

***If this application is associated with an emergency service, the Department may consider a date more than 90 days prior to the date a complete application packet is received. You must include a copy of the claim and medical records with your application documents.

This application is associated with an emergency service. We are requesting the date of _____. Refer to the *** above.

Enrollment Effective Date	
Printed Name (Requester)	Date

Group Application Checklist 025 - 499 - Private Duty Nursing

Application Tracking #	
Provider Name	

Enrolled in Medicare? NO YES Provide Medicare ID:

Enrolled in Medicaid in another State? NO YES Provide Medicaid ID:

Billing Address	
Service Address	

Are you enrolling any other service locations at this time? YES NO

If yes, please attach a list with the addresses of all service locations being enrolled (must have the same Provider Type, NPI, EIN, and billing address)

Contact Person	
Phone	
Email	

Check List	Check
W-9 (10-2018) Signed By: _____	
CP 575/147C*	
IRS Tax Exempt Letter	Required if group provider is exempt from federal taxes
RN or LPN License**	Issued: _____ Expires: _____
Organizational NPI	Enumeration Date: _____
SFN 661 (6-2010) Signed By: _____	
Bank Letter/Voiced Check	
SFN 1168 (6-2018) Signed By: _____	Instructions for the SFN 1168
Do you have any Managing Employees (authorized to sign on behalf of the business) not showing on the SFN 1168?	<input type="checkbox"/> YES <input type="checkbox"/> NO
List of Board Members/Trustees with dates of birth and SSNs	Required if group is a corporation or non-profit corporation
SFN 615 (11-2017) Signed By: _____	

PROVIDER TYPE	025-Agencies
SPECIALTY	499-Nursing Care
TAXONOMY	251J00000X

ND Medicaid Group Taxonomy List

<http://www.nd.gov/dhs/info/mmis/docs/mmis-group-provider-code-taxonomy.pdf>

*The IRS Form CP 575 is an Internal Revenue Service (IRS) generated letter providers receive from the IRS granting their Employer Identification Number (EIN). A copy of your CP 575 is required to verify the provider or supplier's legal business name and EIN. If you are not able to locate the first EIN letter, you can get a 147C letter from the IRS. This is a different type of EIN verification. Call the IRS at 1-800-829-0115 between the hours of 7 a.m. and 7 p.m. in your local time zone. Request a 147C letter when the IRS agent takes your call.

**License submitted must be current as of the date the application is approved.

Please coordinate with your billing department and any other applicable area to determine the correct enrollment effective date. **The Department will not make changes to that date once the application is approved** and any claims submitted with a date of service prior to the enrollment effective date will deny. A retroactive enrollment effective date is limited to no more than ninety (90) days*** prior to the date a **complete** application packet is received by the Department. If the date requested is outside the 90 day timeframe, the enrollment effective date assigned will be 90 days from the date the complete application packet was received.

***If this application is associated with an emergency service, the Department may consider a date more than 90 days prior to the date a complete application packet is received. You must include a copy of the claim and medical records with your application documents.

This application is associated with an emergency service. We are requesting the date of _____. Refer to the *** above.

Enrollment Effective Date	
Printed Name (Requester)	Date

Group Application Checklist 026- General Ambulatory Health Care Facility

Application Tracking #			
Provider Name			
Enrolled in Medicare?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	Provide Medicare ID:
Enrolled in Medicaid in another State?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	Provide Medicaid ID:
Billing Address			
Service Address			

Are you enrolling any other service locations at this time? YES NO
If yes, please attach a list with the addresses of all service locations being enrolled (must have the same Provider Type, NPI, EIN, and billing address)

Contact Person			
Phone			
Email			

Check List	Signed By:					Check
W-9 (10-2018)						
CP 575/147C*						
IRS Tax Exempt Letter		Required if group provider is exempt from federal taxes				
License (rendering MD)**		Issued:		Expires:		
Organizational NPI		Enumeration Date:				
SFN 661 (6-2010)	Signed By:					
Bank Letter/Voided Check						
SFN 509 (10-2018)		Required for Out of State Fee For Service Providers Only - Date of Service must match Claim Submission Effective Date				
Medical Notes		Required for Out of State Fee For Service Providers Only - Date of Service must match Claim Submission Effective Date				
SFN 1168 (6-2018)	Signed By:				Instructions for the SFN 1168	
Do you have any Managing Employees (authorized to sign on behalf of the business) not showing on the SFN 1168?						
List of Board Members/Trustees with dates of birth and SSNs						
Required if group is a corporation or non-profit corporation						
SFN 615 (11-2017)	Signed By:					

PROVIDER TYPE 026- Ambulatory Health Care Facilities

SPECIALTY

TAXONOMY

ND Medicaid Group Taxonomy List

<http://www.nd.gov/dhs/info/mmis/docs/mmis-group-provider-code-taxonomy.pdf>

*The IRS Form CP 575 is an Internal Revenue Service (IRS) generated letter providers receive from the IRS granting their Employer Identification Number (EIN). A copy of your CP 575 is required to verify the provider or supplier's legal business name and EIN. If you are not able to locate the first EIN letter, you can get a 147C letter from the IRS. This is a different type of EIN verification. Call the IRS at 1-800-829-0115 between the hours of 7 a.m. and 7 p.m. in your local time zone. Request a 147C letter when the IRS agent takes your call.

**Licenses submitted must be current as of the date the application is approved.

Please coordinate with your billing department and any other applicable area to determine the correct enrollment effective date. **The Department will not make changes to that date once the application is approved** and any claims submitted with a date of service prior to the enrollment effective date will deny. A retroactive enrollment effective date is limited to no more than ninety (90) days*** prior to the date a **complete** application packet is received by the Department. If the date requested is outside the 90 day timeframe, the enrollment effective date assigned will be 90 days from the date the complete application packet was received.

***If this application is associated with an emergency service, the Department may consider a date more than 90 days prior to the date a complete application packet is received. You must include a copy of the claim and medical records with your application documents.

This application is associated with an emergency service. We are requesting the date of _____. Refer to the *** above.

Enrollment Effective Date			
Printed Name (Requester)		Date	

Group Application Checklist

026- Ambulatory Health Care Facility

026- Adolescent and Children Mental Health (ABA)

Application Tracking #	
Provider Name	
Billing Address	
Service Address	

Are you enrolling any other service locations at this time? YES NO

If yes, please attach a list with the addresses of all service locations being enrolled (must have the same Provider Type, NPI, EIN, and billing address)

Contact Person	
Phone	
Email	

Check List	Check
W-9 (10-2018)	Signed By: <input type="checkbox"/>
CP 575/147C*	<input type="checkbox"/>
IRS Tax Exempt Letter	Required if group provider is exempt from federal taxes
License (rendering MD)**	Issued: <input type="checkbox"/> Expires: <input type="checkbox"/>
Organizational NPI	Enumeration Date: <input type="checkbox"/>
SFN 661 (6-2010)	Signed By: <input type="checkbox"/>
Bank Letter/Voided Check	<input type="checkbox"/>
SFN 1168 (6-2018)	Signed By: <input type="checkbox"/> Instructions for the SFN 1168
Do you have any Managing Employees (authorized to sign on behalf of the business) not showing on the SFN 1168?	<input type="checkbox"/> YES <input type="checkbox"/> NO
List of Board Members/Trustees with dates of birth and SSNs	Required if group is a corporation or non-profit corporation
SFN 615 (11-2017)	Signed By: <input type="checkbox"/>

PROVIDER TYPE	026- Ambulatory Health Care Facilities
SPECIALTY	026-Adolescent and Children Mental Health
TAXONOMY	261QM0855X

ND Medicaid Group Taxonomy List

<http://www.nd.gov/dhs/info/mmis/docs/mmis-group-provider-code-taxonomy.pdf>

*The IRS Form CP 575 is an Internal Revenue Service (IRS) generated letter providers receive from the IRS granting their Employer Identification Number (EIN). A copy of your CP 575 is required to verify the provider or supplier's legal business name and EIN. If you are not able to locate the first EIN letter, you can get a 147C letter from the IRS. This is a different type of EIN verification. Call the IRS at 1-800-829-0115 between the hours of 7 a.m. and 7 p.m. in your local time zone. Request a 147C letter when the IRS agent takes your call.

**License submitted must be current as of the date the application is approved.

Please coordinate with your billing department and any other applicable area to determine the correct enrollment effective date. **The Department will not make changes to that date once the application is approved** and any claims submitted with a date of service prior to the enrollment effective date will deny. A retroactive enrollment effective date is limited to no more than ninety (90) days*** prior to the date a **complete** application packet is received by the Department. If the date requested is outside the 90 day timeframe, the enrollment effective date assigned will be 90 days from the date the complete application packet was received.

***If this application is associated with an emergency service, the Department may consider a date more than 90 days prior to the date a complete application packet is received. You must include a copy of the claim and medical records with your application documents.

This application is associated with an emergency service. We are requesting the date of _____. Refer to the *** above.

Enrollment Effective Date	
Printed Name (Requester)	Date

Group Application Checklist

026- 089- Ambulatory Surgical Center Institutional Billing*

Application Tracking #	
Provider Name	
Enrolled in Medicare?	<input type="checkbox"/> NO <input type="checkbox"/> YES Provide Medicare ID:
Enrolled in Medicaid in another State?	<input type="checkbox"/> NO <input type="checkbox"/> YES Provide Medicaid ID:
Billing Address	
Service Address	

Are you enrolling any other service locations at this time? YES NO

If yes, please attach a list with the addresses of all service locations being enrolled (must have the same Provider Type, NPI, EIN, and billing address)

Contact Person	
Phone	
Email	

Check List	Check
W-9 (10-2018)	Signed By: _____
CP 575/147C**	
IRS Tax Exempt Letter	Required if group provider is exempt from federal taxes
License (rendering)***	Issued: _____ Expires: _____
Organizational NPI	Enumeration Date: _____
SFN 661 (6-2010)	Signed By: _____
Bank Letter/Voiced Check	
SFN 509 (10-2018)	Required for Out of State Fee For Service Providers Only - Date of Service must match Claim Submission Effective Date
Medical Notes	Required for Out of State Fee For Service Providers Only - Date of Service must match Claim Submission Effective Date
SFN 1168 (6-2018)	Signed By: _____ Instructions for the SFN 1168
Do you have any Managing Employees (authorized to sign on behalf of the business) not showing on the SFN 1168?	<input type="checkbox"/> YES <input type="checkbox"/> NO
List of Board Members/Trustees with dates of birth and SSNs	Required if group is a corporation or non-profit corporation
SFN 615 (11-2017)	Signed By: _____

PROVIDER TYPE	026- Ambulatory Health Care Facilities
SPECIALTY	089-Ambulatory Surgical Center
TAXONOMY	261QA1903X

ND Medicaid Group Taxonomy List

<http://www.nd.gov/dhs/info/mmis/docs/mmis-group-provider-code-taxonomy.pdf>

*Ambulatory Surgical Centers must bill institutional fees in separate records from professional fees. Submit a separate application and checklist for institutional and professional billing. This checklist is used for the ASC Institutional Billing application.

**The IRS Form CP 575 is an Internal Revenue Service (IRS) generated letter providers receive from the IRS granting their Employer Identification Number (EIN). A copy of your CP 575 is required to verify the provider or supplier's legal business name and EIN. If you are not able to locate the first EIN letter, you can get a 147C letter from the IRS. This is a different type of EIN verification. Call the IRS at 1-800-829-0115 between the hours of 7 a.m. and 7 p.m. in your local time zone. Request a 147C letter when the IRS agent takes your call.

***Licenses submitted must cover the Claim Submission Effective Date and be current as of the date the application is approved.

Please coordinate with your billing department and any other applicable area to determine the correct enrollment effective date. **The Department will not make changes to that date once the application is approved** and any claims submitted with a date of service prior to the enrollment effective date will deny. A retroactive enrollment effective date is limited to no more than ninety (90) days**** prior to the date a **complete** application packet is received by the Department. If the date requested is outside the 90 day timeframe, the enrollment effective date assigned will be 90 days from the date the complete application packet was received.

****If this application is associated with an emergency service, the Department may consider a date more than 90 days prior to the date a complete application packet is received. You must include a copy of the claim and medical records with your application documents.

This application is associated with an emergency service. We are requesting the date of _____. Refer to the **** above.

Enrollment Effective Date	
Printed Name (Requester)	Date

Group Application Checklist

026- ASC (Ambulatory Surgical Center) Professional Billing*

Application Tracking #	
Provider Name	
Billing Address	
Service Address	

Are you enrolling any other service locations at this time? YES NO

If yes, please attach a list with the addresses of all service locations being enrolled (must have the same Provider Type, NPI, EIN, and billing address)

Contact Person	
Phone	
Email	

Check List	Check
W-9 (10-2018)	Signed By: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
CP 575/147C**	
IRS Tax Exempt Letter	Required if group provider is exempt from federal taxes
License (rendering)***	Issued: <input type="checkbox"/> Expires: <input type="checkbox"/>
Organizational NPI	Enumeration Date: <input type="checkbox"/>
SFN 661 (6-2010)	Signed By: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Bank Letter/Voiced Check	
SFN 509 (10-2018)	Required for Out of State Fee For Service Providers Only - Date of Service must match Claim Submission Effective Date
Medical Records	Required for Out of State Fee For Service Providers Only - Date of Service must match Claim Submission Effective Date
SFN 1168 (6-2018)	Signed By: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Instructions for the SFN 1168
Do you have any Managing Employees (authorized to sign on behalf of the business) not showing on the SFN 1168? <input type="checkbox"/> YES <input type="checkbox"/> NO	
List of Board Members/Trustees with dates of birth and SSNs	Required if group is a corporation or non-profit corporation
SFN 615 (11-2017)	Signed By: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
PROVIDER TYPE	026- Ambulatory Health Care Facilities
SPECIALTY/Taxonomy (Please Choose One)	<input type="checkbox"/> 503-Single Specialty 193400000X <input type="checkbox"/> 504-Multi-Specialty 193200000X

ND Medicaid Group Taxonomy List

<http://www.nd.gov/dhs/info/mmis/docs/mmis-group-provider-code-taxonomy.pdf>

*Ambulatory Surgical Centers must bill institutional fees in separate records from professional fees. Submit a separate application and checklist for institutional and professional billing. This checklist is used for the ASC Professional Billing application.

**The IRS Form CP 575 is an Internal Revenue Service (IRS) generated letter providers receive from the IRS granting their Employer Identification Number (EIN). A copy of your CP 575 is required to verify the provider or supplier's legal business name and EIN. If you are not able to locate the first EIN letter, you can get a 147C letter from the IRS. This is a different type of EIN verification. Call the IRS at 1-800-829-0115 between the hours of 7 a.m. and 7 p.m. in your local time zone. Request a 147C letter when the IRS agent takes your call.

***Licenses submitted must be current as of the date the application is approved.

Please coordinate with your billing department and any other applicable area to determine the correct enrollment effective date. **The Department will not make changes to that date once the application is approved** and any claims submitted with a date of service prior to the enrollment effective date will deny. A retroactive enrollment effective date is limited to no more than ninety (90) days**** prior to the date a **complete** application packet is received by the Department. If the date requested is outside the 90 day timeframe, the enrollment effective date assigned will be 90 days from the date the complete application packet was received.

****If this application is associated with an emergency service, the Department may consider a date more than 90 days prior to the date a complete application packet is received. You must include a copy of the claim and medical records with your application documents.

This application is associated with an emergency service. We are requesting the date of _____. Refer to the **** above.

Enrollment Effective Date	
Printed Name (Requester)	Date

Group Application Checklist 026- (437 or 503) DENTAL GROUP

Application Tracking #	
Provider Name	
Billing Address	
Service Address	

Are you enrolling any other service locations at this time? YES NO

If yes, please attach a list with the addresses of all service locations being enrolled (must have the same Provider Type, NPI, EIN, and billing address)

Contact Person	
Phone	
Email	

Check List	Check
W-9 (10-2018)	Signed By: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
CP 575/147C*	
IRS Tax Exempt Letter	Required if group provider is exempt from federal taxes
License (rendering dentist)**	Issued: <input type="checkbox"/> Expires: <input type="checkbox"/>
Organizational NPI	Enumeration Date: <input type="checkbox"/>
SFN 661 (6-2010)	Signed By: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Bank Letter/Voided Check	
SFN 509 (10-2018)	Required for Out of State Fee For Service Providers Only - Date of Service must match Claim Submission Effective Date
Medical Records	Required for Out of State Fee For Service Providers Only - Date of Service must match Claim Submission Effective Date
SFN 1168 (6-2018)	Signed By: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Instructions for the SFN 1168
Do you have any Managing Employees (authorized to sign on behalf of the business) not showing on the SFN 1168?	<input type="checkbox"/> YES <input type="checkbox"/> NO
List of Board Members/Trustees with dates of birth and SSNs	Required if group is a corporation or non-profit corporation
SFN 615 (11-2017)	Signed By: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

PROVIDER TYPE 026-Ambulatory Health Care Facilities

SPECIALTY

TAXONOMY

ND Medicaid Group Taxonomy List

<http://www.nd.gov/dhs/info/mmis/docs/mmis-group-provider-code-taxonomy.pdf>

*The IRS Form CP 575 is an Internal Revenue Service (IRS) generated letter providers receive from the IRS granting their Employer Identification Number (EIN). A copy of your CP 575 is required to verify the provider or supplier's legal business name and EIN. If you are not able to locate the first EIN letter, you can get a 147C letter from the IRS. This is a different type of EIN verification. Call the IRS at 1-800-829-0115 between the hours of 7 a.m. and 7 p.m. in your local time zone. Request a 147C letter when the IRS agent takes your call.

**License submitted must be current as of the date the application is approved.

Please coordinate with your billing department and any other applicable area to determine the correct enrollment effective date. **The Department will not make changes to that date once the application is approved** and any claims submitted with a date of service prior to the enrollment effective date will deny. A retroactive enrollment effective date is limited to no more than ninety (90) days*** prior to the date a **complete** application packet is received by the Department. If the date requested is outside the 90 day timeframe, the enrollment effective date assigned will be 90 days from the date the complete application packet was received.

***If this application is associated with an emergency service, the Department may consider a date more than 90 days prior to the date a complete application packet is received. You must include a copy of the claim and medical records with your application documents.

This application is associated with an emergency service. We are requesting the date of _____. Refer to the *** above.

Enrollment Effective Date	
Printed Name (Requester)	Date

Group Application Checklist

026- 361- FQHC (Federally Qualified Health Center)*

Application Tracking #	
Provider Name	
Medicare ID*	
Billing Address	
Service Address	

Are you enrolling any other service locations at this time? YES NO

If yes, please attach a list with the addresses of all service locations being enrolled (must have the same Provider Type, NPI, EIN, and billing address)

Contact Person	
Phone	
Email	

Check List	Check
W-9 (10-2018)	Signed By: _____
CP 575/147C**	
IRS Tax Exempt Letter	Required if group provider is exempt from federal taxes
License (rendering MD)***	Issued: _____ Expires: _____
CMS Certification Letter	
Organizational NPI	Enumeration Date: _____
SFN 661 (6-2010)	Signed By: _____
Bank Letter/Voiced Check	
SFN 509 (10-2018)	Required for Out of State Fee For Service Providers Only - Date of Service must match Claim Submission Effective Date
Medical Notes	Required for Out of State Fee For Service Providers Only - Date of Service must match Claim Submission Effective Date
SFN 1168 (6-2018)	Signed By: _____ Instructions for the SFN 1168
Do you have any Managing Employees (authorized to sign on behalf of the business) not showing on the SFN 1168?	<input type="checkbox"/> YES <input type="checkbox"/> NO
List of Board Members/Trustees with dates of birth and SSNs	Required if group is a corporation or non-profit corporation
SFN 615 (11-2017)	Signed By: _____

PROVIDER TYPE	026- Ambulatory Health Care Facilities
SPECIALTY	361-Federally Qualified Health Center
TAXONOMY	261QF0400X

ND Medicaid Group Taxonomy List

<http://www.nd.gov/dhs/info/mmis/docs/mmis-group-provider-code-taxonomy.pdf>

*All FQHCs must be enrolled with Medicare before enrolling with ND Medicaid.
FQHCs cannot bill services for Optometrists, Chiropractors, or Podiatrists through this enrollment. These services must be billed under a separate enrollment for an FQHC Optometrist/Chiropractic/Podiatrist Billing Group with either taxonomy 193400000X or 193200000X.

**The IRS Form CP 575 is an Internal Revenue Service (IRS) generated letter providers receive from the IRS granting their Employer Identification Number (EIN). A copy of your CP 575 is required to verify the provider or supplier's legal business name and EIN. If you are not able to locate the first EIN letter, you can get a 147C letter from the IRS. This is a different type of EIN verification. Call the IRS at 1-800-829-0115 between the hours of 7 a.m. and 7 p.m. in your local time zone. Request a 147C letter when the IRS agent takes your call.

***License submitted must be current as of the date the application is approved.

Please coordinate with your billing department and any other applicable area to determine the correct enrollment effective date. **The Department will not make changes to that date once the application is approved** and any claims submitted with a date of service prior to the enrollment effective date will deny. A retroactive enrollment effective date is limited to no more than ninety (90) days**** prior to the date a **complete** application packet is received by the Department. If the date requested is outside the 90 day timeframe, the enrollment effective date assigned will be 90 days from the date the complete application packet was received.

****If this application is associated with an emergency service, the Department may consider a date more than 90 days prior to the date a complete application packet is received. You must include a copy of the claim and medical records with your application documents.

This application is associated with an emergency service. We are requesting the date of _____. Refer to the **** above.

Enrollment Effective Date	
Printed Name (Requester)	Date

Group Application Checklist

026- 503 or 504- FQHC Billing Group for Optometrist, Chiropractor, and/or Podiatrist*

Application Tracking #	
Provider Name	
Billing Address	
Service Address	

Are you enrolling any other service locations at this time? YES NO

If yes, please attach a list with the addresses of all service locations being enrolled (must have the same Provider Type, NPI, EIN, and billing address)

Contact Person	
Phone	
Email	

Check List	Check						
W-9 (10-2018)	Signed By: <table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
CP 575/147C**							
IRS Tax Exempt Letter	Required if group provider is exempt from federal taxes						
License (rendering)***	Issued: <table border="1" style="width: 100%; height: 20px;"><tr><td></td></tr></table> Expires: <table border="1" style="width: 100%; height: 20px;"><tr><td></td></tr></table>						
CMS Certification Letter							
Organizational NPI	Enumeration Date: <table border="1" style="width: 100%; height: 20px;"><tr><td></td></tr></table>						
SFN 661 (6-2010)	Signed By: <table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
Bank Letter/Voided Check							
SFN 509 (10-2018)	Required for Out of State Fee For Service Providers Only - Date of Service must match Claim Submission Effective Date						
Medical Notes	Required for Out of State Fee For Service Providers Only - Date of Service must match Claim Submission Effective Date						
SFN 1168 (6-2018)	Signed By: <table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Instructions for the SFN 1168						
Do you have any Managing Employees (authorized to sign on behalf of the business) not showing on the SFN 1168? <input type="checkbox"/> YES <input type="checkbox"/> NO							
List of Board Members/Trustees with dates of birth and SSNs	Required if group is a corporation or non-profit corporation						
SFN 615 (11-2017)	Signed By: <table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
PROVIDER TYPE	026- Ambulatory Health Care Facilities						
SPECIALTY/Taxonomy (Please Choose One)	<input type="checkbox"/> 503-Single Specialty 193400000X <input type="checkbox"/> 504-Multi-Specialty 193200000X						

ND Medicaid Group Taxonomy List

<http://www.nd.gov/dhs/info/mmis/docs/mmis-group-provider-code-taxonomy.pdf>

*All FQHCs must be enrolled with Medicare before enrolling with ND Medicaid.

FQHCs can only use this checklist to enroll for services provided by Optometrists, Chiropractors, and/or Podiatrists. For FQHC services not provided by Optometrists, Chiropractors, or Podiatrists, use the regular FQHC checklist with taxonomy 261QF0400X.

**The IRS Form CP 575 is an Internal Revenue Service (IRS) generated letter providers receive from the IRS granting their Employer Identification Number (EIN). A copy of your CP 575 is required to verify the provider or supplier's legal business name and EIN. If you are not able to locate the first EIN letter, you can get a 147C letter from the IRS. This is a different type of EIN verification. Call the IRS at 1-800-829-0115 between the hours of 7 a.m. and 7 p.m. in your local time zone. Request a 147C letter when the IRS agent takes your call.

***License submitted must be current as of the date the application is approved.

Please coordinate with your billing department and any other applicable area to determine the correct enrollment effective date. **The Department will not make changes to that date once the application is approved** and any claims submitted with a date of service prior to the enrollment effective date will deny. A retroactive enrollment effective date is limited to no more than ninety (90) days**** prior to the date a **complete** application packet is received by the Department. If the date requested is outside the 90 day timeframe, the enrollment effective date assigned will be 90 days from the date the complete application packet was received.

****If this application is associated with an emergency service, the Department may consider a date more than 90 days prior to the date a complete application packet is received. You must include a copy of the claim and medical records with your application documents.

This application is associated with an emergency service. We are requesting the date of _____. Refer to the **** above.

Enrollment Effective Date					
Printed Name (Requester)	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td></tr></table>				
Date	<table border="1" style="width: 100%; height: 20px;"><tr><td></td></tr></table>				

Group Application Checklist 026- 360- Mental Health (Rehab Group)

Application Tracking #			
Provider Name			
Enrolled in Medicare?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	Provide Medicare ID:
Enrolled in Medicaid in another State?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	Provide Medicaid ID:
Billing Address			
Service Address			

Are you enrolling any other service locations at this time? YES NO
If yes, please attach a list with the addresses of all service locations being enrolled (must have the same Provider Type, NPI, EIN, and billing address)

Contact Person	
Phone	
Email	

Check List	Check
W-9 (10-2018)	Signed By: _____
CP 575/147C*	
IRS Tax Exempt Letter	Required if group provider is exempt from federal taxes
Counselor/SW License**	Issued: _____ Expires: _____
Organizational NPI	Enumeration Date: _____
SFN 661 (6-2010)	Signed By: _____
Bank Letter/Voided Check	
SFN 509 (10-2018)	Required for Out of State Fee For Service Providers Only - Date of Service must match Claim Submission Effective Date
Medical Notes	Required for Out of State Fee For Service Providers Only - Date of Service must match Claim Submission Effective Date
Rehab Questionnaire	Request by Email: dhsenrollment@nd.gov
SFN 9 (12-2018)	Signed By: _____ Required for Fee For Service Providers Only
SFN 1168 (6-2018)	Signed By: _____ Required for Fee For Service Providers Only Instructions for the SFN 1168
Do you have any Managing Employees (authorized to sign on behalf of the business) not showing on the SFN 1168?	<input type="checkbox"/> YES <input type="checkbox"/> NO
List of Board Members/Trustees with dates of birth and SSNs	Required if group is a corporation or non-profit corporation
SFN 615 (11-2017)	Signed By: _____

PROVIDER TYPE	026- Ambulatory Health Care Facilities
SPECIALTY	360-Mental Health (Incl. Comm Mntl Hlth)
TAXONOMY	261QM0801X

ND Medicaid Group Taxonomy List

<http://www.nd.gov/dhs/info/mmis/docs/mmis-group-provider-code-taxonomy.pdf>

*The IRS Form CP 575 is an Internal Revenue Service (IRS) generated letter providers receive from the IRS granting their Employer Identification Number (EIN). A copy of your CP 575 is required to verify the provider or supplier's legal business name and EIN. If you are not able to locate the first EIN letter, you can get a 147C letter from the IRS. This is a different type of EIN verification. Call the IRS at 1-800-829-0115 between the hours of 7 a.m. and 7 p.m. in your local time zone. Request a 147C letter when the IRS agent takes your call.

**License submitted must be current as of the date the application is approved.

Please coordinate with your billing department and any other applicable area to determine the correct enrollment effective date. **The Department will not make changes to that date once the application is approved** and any claims submitted with a date of service prior to the enrollment effective date will deny. A retroactive enrollment effective date is limited to no more than ninety (90) days*** prior to the date a **complete** application packet is received by the Department. If the date requested is outside the 90 day timeframe, the enrollment effective date assigned will be 90 days from the date the complete application packet was received.

***If this application is associated with an emergency service, the Department may consider a date more than 90 days prior to the date a complete application packet is received. You must include a copy of the claim and medical records with your application documents.

This application is associated with an emergency service. We are requesting the date of _____. Refer to the *** above.

Enrollment Effective Date			
Printed Name (Requester)		Date	

Group Application Checklist 026- 110- Physical Therapy Group

Application Tracking #	
Provider Name	
Enrolled in Medicare?	<input type="checkbox"/> NO <input type="checkbox"/> YES Provide Medicare ID:
Enrolled in Medicaid in another State?	<input type="checkbox"/> NO <input type="checkbox"/> YES Provide Medicaid ID:
Billing Address	
Service Address	

Are you enrolling any other service locations at this time? YES NO
If yes, please attach a list with the addresses of all service locations being enrolled (must have the same Provider Type, NPI, EIN, and billing address)

Contact Person	
Phone	
Email	

Check List	Check
W-9 (10-2018)	Signed By: _____
CP 575/147C*	
IRS Tax Exempt Letter	Required if group provider is exempt from federal taxes
License (rendering PT)**	Issued: _____ Expires: _____
Organizational NPI	Enumeration Date: _____
SFN 661 (6-2010)	Signed By: _____
Bank Letter/Voiced Check	
SFN 509 (10-2018)	Required for Out of State Fee For Service Providers Only - Date of Service must match Claim Submission Effective Date
Medical Notes	Required for Out of State Fee For Service Providers Only - Date of Service must match Claim Submission Effective Date
SFN 1168 (6-2018)	Signed By: _____ Instructions for the SFN 1168
Do you have any Managing Employees (authorized to sign on behalf of the business) not showing on the SFN 1168?	<input type="checkbox"/> YES <input type="checkbox"/> NO
List of Board Members/Trustees with dates of birth and SSNs	Required if group is a corporation or non-profit corporation
SFN 615 (11-2017)	Signed By: _____

PROVIDER TYPE	026- Ambulatory Health Care Facilities
SPECIALTY	110-Physical Therapy
TAXONOMY	261QP2000X

ND Medicaid Group Taxonomy List

<http://www.nd.gov/dhs/info/mmis/docs/mmis-group-provider-code-taxonomy.pdf>

*The IRS Form CP 575 is an Internal Revenue Service (IRS) generated letter providers receive from the IRS granting their Employer Identification Number (EIN). A copy of your CP 575 is required to verify the provider or supplier's legal business name and EIN. If you are not able to locate the first EIN letter, you can get a 147C letter from the IRS. This is a different type of EIN verification. Call the IRS at 1-800-829-0115 between the hours of 7 a.m. and 7 p.m. in your local time zone. Request a 147C letter when the IRS agent takes your call.

**License submitted must be current as of the date the application is approved.

Please coordinate with your billing department and any other applicable area to determine the correct enrollment effective date. **The Department will not make changes to that date once the application is approved** and any claims submitted with a date of service prior to the enrollment effective date will deny. A retroactive enrollment effective date is limited to no more than ninety (90) days*** prior to the date a **complete** application packet is received by the Department. If the date requested is outside the 90 day timeframe, the enrollment effective date assigned will be 90 days from the date the complete application packet was received.

***If this application is associated with an emergency service, the Department may consider a date more than 90 days prior to the date a complete application packet is received. You must include a copy of the claim and medical records with your application documents.

This application is associated with an emergency service. We are requesting the date of _____. Refer to the *** above.

Enrollment Effective Date	
Printed Name (Requester)	Date

Group Application Checklist

026 - 364 - Rehabilitation, Substance Use Disorder

Application Tracking #			
Provider Name			
Enrolled in Medicare?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	Provide Medicare ID:
Enrolled in Medicaid in another State?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	Provide Medicaid ID:
Billing Address			
Service Address			

Are you enrolling any other service locations at this time? YES NO
 If yes, please attach a list with the addresses of all service locations being enrolled (must have the same Provider Type, NPI, EIN, and billing address)

Please indicate which ASAM levels are provided by your program. At such time as your program decides to provide any additional ASAM levels, you must inform the Department in advance and submit the license which covers the ASAM levels provided. Any levels not found in the list below are not covered by ND Medicaid at this time.

ASAM Levels: 1 2.1 2.5 3.1 3.5

Do you have Accreditation? (If yes, please submit copy) YES NO

Contact Person	
Phone	
Email	

Check List	Check
W-9 (10-2018)	Signed By: _____
CP 575/147C*	
IRS Tax Exempt Letter	Required if group provider is exempt from federal taxes
Program License (ASAM)**	Issued: _____ Expires: _____
CLIA (if applicable)	Issued: _____ Expires: _____
Organizational NPI	Enumeration Date: _____
SFN 661 (6-2010)	Signed By: _____
Bank Letter/Voided Check	
SFN 509 (10-2018)	Required for Out of State Fee For Service Providers Only - Date of Service must match Claim Submission Effective Date
Medical Notes	Required for Out of State Fee For Service Providers Only - Date of Service must match Claim Submission Effective Date
SFN 1168 (6-2018)	Signed By: _____ Instructions for the SFN 1168
Do you have any Managing Employees (authorized to sign on behalf of the business) not showing on the SFN 1168?	<input type="checkbox"/> YES <input type="checkbox"/> NO
List of Board Members/Trustees with dates of birth and SSNs	Required if group is a corporation or non-profit corporation
SFN 615 (11-2017)	Signed By: _____

PROVIDER TYPE 026- Ambulatory Health Care Facilities

SPECIALTY 364-Rehabilitation, Substance Use Disorder

TAXONOMY 261QR0405X

ND Medicaid Group Taxonomy List

<http://www.nd.gov/dhs/info/mmis/docs/mmis-group-provider-code-taxonomy.pdf>

*The IRS Form CP 575 is an Internal Revenue Service (IRS) generated letter providers receive from the IRS granting their Employer Identification Number (EIN). A copy of your CP 575 is required to verify the provider or supplier's legal business name and EIN. If you are not able to locate the first EIN letter, you can get a 147C letter from the IRS. This is a different type of EIN verification. Call the IRS at 1-800-829-0115 between the hours of 7 a.m. and 7 p.m. in your local time zone. Request a 147C letter when the IRS agent takes your call.

**License submitted must be current as of the date the application is approved. If only providing ASAM Level 1 services, a practitioner's license may be submitted in place of the program license.

Please coordinate with your billing department and any other applicable area to determine the correct enrollment effective date. **The Department will not make changes to that date once the application is approved** and any claims submitted with a date of service prior to the enrollment effective date will deny. A retroactive enrollment effective date is limited to no more than ninety (90) days*** prior to the date a **complete** application packet is received by the Department. If the date requested is outside the 90 day timeframe, the enrollment effective date assigned will be 90 days from the date the complete application packet was received.

***If this application is associated with an emergency service, the Department may consider a date more than 90 days prior to the date a complete application packet is received. You must include a copy of the claim and medical records with your application documents.

This application is associated with an emergency service. We are requesting the date of _____. Refer to the *** above.

Enrollment Effective Date			
Printed Name (Requester)		Date	

Group Application Checklist 026- 268- Rural Health Clinic*

Application Tracking #	
Provider Name	
Medicare ID	
Billing Address	
Service Address	

Are you enrolling any other service locations at this time? YES NO

If yes, please attach a list with the addresses of all service locations being enrolled (must have the same Provider Type, NPI, EIN, and billing address)

Contact Person	
Phone	
Email	

Check List	Check
W-9 (10-2018)	Signed By: <input type="checkbox"/>
CP 575/147C**	<input type="checkbox"/>
IRS Tax Exempt Letter	Required if group provider is exempt from federal taxes
License (Rendering MD)***	Issued: <input type="checkbox"/> Expires: <input type="checkbox"/>
CMS RHC Certification Letter	<input type="checkbox"/>
Organizational NPI	Enumeration Date: <input type="checkbox"/>
SFN 661 (6-2010)	Signed By: <input type="checkbox"/>
Bank Letter/Voiced Check	<input type="checkbox"/>
SFN 1168 (6-2018)	Signed By: <input type="checkbox"/> Instructions for the SFN 1168
Do you have any Managing Employees (authorized to sign on behalf of the business) not showing on the SFN 1168?	<input type="checkbox"/> YES <input type="checkbox"/> NO
List of Board Members/Trustees with dates of birth and SSNs	Required if group is a corporation or non-profit corporation
SFN 615 (11-2017)	Signed By: <input type="checkbox"/>

PROVIDER TYPE	026- Ambulatory Health Care Facilities
SPECIALTY	268-Rural Health Clinic
TAXONOMY	261QR1300X

ND Medicaid Group Taxonomy List

<http://www.nd.gov/dhs/infommmis/docs/mmis-group-provider-code-taxonomy.pdf>

*No Out of State Rural Health Clinics will be enrolled. All Rural Health Clinics must be enrolled with Medicare before enrolling with ND Medicaid.

**The IRS Form CP 575 is an Internal Revenue Service (IRS) generated letter providers receive from the IRS granting their Employer Identification Number (EIN). A copy of your CP 575 is required to verify the provider or supplier's legal business name and EIN. If you are not able to locate the first EIN letter, you can get a 147C letter from the IRS. This is a different type of EIN verification. Call the IRS at 1-800-829-0115 between the hours of 7 a.m. and 7 p.m. in your local time zone. Request a 147C letter when the IRS agent takes your call.

***License submitted must cover the Claim Submission Effective Date and be current as of the date the application is approved.

Please coordinate with your billing department and any other applicable area to determine the correct enrollment effective date. **The Department will not make changes to that date once the application is approved** and any claims submitted with a date of service prior to the enrollment effective date will deny. A retroactive enrollment effective date is limited to no more than ninety (90) days**** prior to the date a **complete** application packet is received by the Department. If the date requested is outside the 90 day timeframe, the enrollment effective date assigned will be 90 days from the date the complete application packet was received.

****If this application is associated with an emergency service, the Department may consider a date more than 90 days prior to the date a complete application packet is received. You must include a copy of the claim and medical records with your application documents.

This application is associated with an emergency service. We are requesting the date of _____. Refer to the **** above.

Enrollment Effective Date	
Printed Name (Requester)	Date

Group Application Checklist

027 - 623 - Rehabilitation, Substance Use Disorder Unit

Application Tracking #	
Provider Name	
Medicare ID	
Billing Address	
Service Address	

Are you enrolling any other service locations at this time? YES NO

If yes, please attach a list with the addresses of all service locations being enrolled (must have the same Provider Type, NPI, EIN, and billing address)

Attending Provider*	
Medicaid ID/Application Tracking Number	

Contact Person	
Phone	
Email	

Check List	Check
W-9 (10-2018)	Signed By: _____
CP 575/147C**	
IRS Tax Exempt Letter	Required if group provider is exempt from federal taxes
Hospital License***	Issued: _____ Expires: _____
Unit License***	Issued: _____ Expires: _____
CLIA***	
Organizational NPI	Enumeration Date: _____
SFN 661 (6-2010)	Signed By: _____
Bank Letter/Voided Check	
SFN 509 (10-2018)	Required for Out of State Fee For Service Providers Only - Date of Service must match Claim Submission Effective Date
Medical Notes	Required for Out of State Fee For Service Providers Only - Date of Service must match Claim Submission Effective Date
SFN 1168 (6-2018)	Signed By: _____ Instructions for the SFN 1168
Do you have any Managing Employees (authorized to sign on behalf of the business) not showing on the SFN 1168?	<input type="checkbox"/> YES <input type="checkbox"/> NO
List of Board Members/Trustees with dates of birth and SSNs	Required if group is a corporation or non-profit corporation
SFN 615 (11-2017)	Signed By: _____

PROVIDER TYPE	027-Hospital Units
SPECIALTY	364-Rehabilitation, Substance Use Disorder Unit
TAXONOMY	276400000X

ND Medicaid Group Taxonomy List

<http://www.nd.gov/dhs/info/mmis/docs/mmis-group-provider-code-taxonomy.pdf>

*CMS requires the attending provider's NPI on the claim and the attending provider must be enrolled with ND Medicaid or the claim will deny.

**The IRS Form CP 575 is an Internal Revenue Service (IRS) generated letter providers receive from the IRS granting their Employer Identification Number (EIN). A copy of your CP 575 is required to verify the provider or supplier's legal business name and EIN. If you are not able to locate the first EIN letter, you can get a 147C letter from the IRS. This is a different type of EIN verification. Call the IRS at 1-800-829-0115 between the hours of 7 a.m. and 7 p.m. in your local time zone. Request a 147C letter when the IRS agent takes your call.

***Licenses and CLIA submitted must cover the Claim Submission Effective Date and be current as of the date the application is approved.

Please coordinate with your billing department and any other applicable area to determine the correct enrollment effective date. **The Department will not make changes to that date once the application is approved** and any claims submitted with a date of service prior to the enrollment effective date will deny. A retroactive enrollment effective date is limited to no more than ninety (90) days**** prior to the date a **complete** application packet is received by the Department. If the date requested is outside the 90 day timeframe, the enrollment effective date assigned will be 90 days from the date the complete application packet was received.

****If this application is associated with an emergency service, the Department may consider a date more than 90 days prior to the date a complete application packet is received. You must include a copy of the claim and medical records with your application documents.

This application is associated with an emergency service. We are requesting the date of _____. Refer to the **** above.

Enrollment Effective Date	
Printed Name (Requester)	Date

Group Application Checklist 027 - 196 - Swingbed

Application Tracking #	
Provider Name	
Medicare ID	
Billing Address	
Service Address	

Are you enrolling any other service locations at this time? YES NO

If yes, please attach a list with the addresses of all service locations being enrolled (must have the same Provider Type, NPI, EIN, and billing address)

Attending Provider*	
Medicaid ID/Application Tracking Number	

Contact Person	
Phone	
Email	

Check List	Check
W-9 (10-2018)	Signed By: _____
CP 575/147C**	
IRS Tax Exempt Letter	Required if group provider is exempt from federal taxes
Hospital License***	Issued: _____ Expires: _____
Organizational NPI	Enumeration Date: _____
SFN 661 (6-2010)	Signed By: _____
Bank Letter/Voiced Check	
SFN 509 (10-2018)	Required for Out of State Fee For Service Providers Only - Date of Service must match Claim Submission Effective Date
Medical Notes	Required for Out of State Fee For Service Providers Only - Date of Service must match Claim Submission Effective Date
SFN 1168 (6-2018)	Signed By: _____ Instructions for the SFN 1168
Do you have any Managing Employees (authorized to sign on behalf of the business) not showing on the SFN 1168?	<input type="checkbox"/> YES <input type="checkbox"/> NO
List of Board Members/Trustees with dates of birth and SSNs	Required if group is a corporation or non-profit corporation
SFN 615 (11-2017)	Signed By: _____

PROVIDER TYPE	027- Hospital Units
SPECIALTY	196-Swingbed
TAXONOMY	275N00000X

ND Medicaid Group Taxonomy List

<http://www.nd.gov/dhs/info/mmis/docs/mmis-group-provider-code-taxonomy.pdf>

*CMS requires the attending provider's NPI on the claim and the attending provider must be enrolled with ND Medicaid or the claim will deny.

**The IRS Form CP 575 is an Internal Revenue Service (IRS) generated letter providers receive from the IRS granting their Employer Identification Number (EIN). A copy of your CP 575 is required to verify the provider or supplier's legal business name and EIN. If you are not able to locate the first EIN letter, you can get a 147C letter from the IRS. This is a different type of EIN verification. Call the IRS at 1-800-829-0115 between the hours of 7 a.m. and 7 p.m. in your local time zone. Request a 147C letter when the IRS agent takes your call.

***License submitted must cover the Claim Submission Effective Date and be current as of the date the application is approved.

Please coordinate with your billing department and any other applicable area to determine the correct enrollment effective date. **The Department will not make changes to that date once the application is approved** and any claims submitted with a date of service prior to the enrollment effective date will deny. A retroactive enrollment effective date is limited to no more than ninety (90) days**** prior to the date a **complete** application packet is received by the Department. If the date requested is outside the 90 day timeframe, the enrollment effective date assigned will be 90 days from the date the complete application packet was received.

****If this application is associated with an emergency service, the Department may consider a date more than 90 days prior to the date a complete application packet is received. You must include a copy of the claim and medical records with your application documents.

This application is associated with an emergency service. We are requesting the date of _____. Refer to the **** above.

Enrollment Effective Date	
Printed Name (Requester)	Date

Group Application Checklist 028- Hospital Institutional Billing*

Application Tracking #	
Provider Name	
Medicare ID	
Billing Address	
Service Address	

Are you enrolling any other service locations at this time? YES NO
If yes, please attach a list with the addresses of all service locations being enrolled (must have the same Provider Type, NPI, EIN, and billing address)

Attending Provider**	
Medicaid ID/Application Tracking Number	

Contact Person	
Phone	
Email	

Check List	Check
W-9 (10-2018)	Signed By: _____
CP 575/147C***	
IRS Tax Exempt Letter	Required if group provider is exempt from federal taxes
Hospital License****	Issued: _____ Expires: _____
CLIA****	Issued: _____ Expires: _____
Organizational NPI	Enumeration Date: _____
SFN 661 (6-2010)	Signed By: _____
Bank Letter/Voided Check	
SFN 509 (10-2018)	Required for Out of State Fee For Service Providers Only - Date of Service must match Claim Submission Effective Date
Medical Records	Required for Out of State Fee For Service Providers Only - Date of Service must match Claim Submission Effective Date
SFN 1168 (6-2018)	Signed By: _____ Instructions for the SFN 1168
Do you have any Managing Employees (authorized to sign on behalf of the business) not showing on the SFN 1168? <input type="checkbox"/> YES <input type="checkbox"/> NO	
List of Board Members/Trustees with dates of birth and SSNs	Required if group is a corporation or non-profit corporation
SFN 615 (11-2017)	Signed By: _____

PROVIDER TYPE 028-Hospitals

SPECIALTY

TAXONOMY

ND Medicaid Group Taxonomy List

<http://www.nd.gov/dhs/info/mmis/docs/mmis-group-provider-code-taxonomy.pdf>

*All Hospitals must be enrolled with Medicare before enrolling with ND Medicaid.

*Hospitals must bill institutional fees in separate records from professional fees. Submit a separate application and checklist for institutional and professional billing. This checklist is used for the Hospital Institutional Billing application.

**CMS requires the attending provider's NPI on the claim and the attending provider must be enrolled with ND Medicaid or the claim will deny.

***The IRS Form CP 575 is an Internal Revenue Service (IRS) generated letter providers receive from the IRS granting their Employer Identification Number (EIN). A copy of your CP 575 is required to verify the provider or supplier's legal business name and EIN. If you are not able to locate the first EIN letter, you can get a 147C letter from the IRS. This is a different type of EIN verification. Call the IRS at 1-800-829-0115 between the hours of 7 a.m. and 7 p.m. in your local time zone. Request a 147C letter when the IRS agent takes your call.

****License and CLIA submitted must cover the Claim Submission Effective Date and be current as of the date the application is approved.

Please coordinate with your billing department and any other applicable area to determine the correct enrollment effective date. **The Department will not make changes to that date once the application is approved** and any claims submitted with a date of service prior to the enrollment effective date will deny. A retroactive enrollment effective date is limited to no more than ninety (90) days**** prior to the date a **complete** application packet is received by the Department. If the date requested is outside the 90 day timeframe, the enrollment effective date assigned will be 90 days from the date the complete application packet was received.

*****If this application is associated with an emergency service, the Department may consider a date more than 90 days prior to the date a complete application packet is received. You must include a copy of the claim and medical records with your application documents.

This application is associated with an emergency service. We are requesting the date of _____. Refer to the ***** above.

Enrollment Effective Date	
Printed Name (Requester)	Date

Group Application Checklist 026- Hospital Professional Billing*

Application Tracking #	
Provider Name	
Billing Address	
Service Location	

Are you enrolling any other service locations at this time? YES NO

If yes, please attach a list with the addresses of all service locations being enrolled (must have the same Provider Type, NPI, EIN, and billing address)

Contact Person	
Phone	
Email	

Check List	Check
W-9 (10-2018)	Signed By: _____
CP 575/147C**	
IRS Tax Exempt Letter	Required if group provider is exempt from federal taxes
License (rendering MD)***	Issued: _____ Expires: _____
Organizational NPI	Enumeration Date: _____
SFN 661 (6-2010)	Signed By: _____
Bank Letter/Voided Check	
SFN 509 (10-2018)	Required for Out of State Fee For Service Providers Only - Date of Service must match Claim Submission Effective Date
Medical Records	Required for Out of State Fee For Service Providers Only - Date of Service must match Claim Submission Effective Date
SFN 1168 (6-2018)	Signed By: _____ Instructions for the SFN 1168
Do you have any Managing Employees (authorized to sign on behalf of the business) not showing on the SFN 1168?	<input type="checkbox"/> YES <input type="checkbox"/> NO
List of Board Members/Trustees with dates of birth and SSNs	Required if group is a corporation or non-profit corporation
SFN 615 (11-2017)	Signed By: _____
PROVIDER TYPE	026- Ambulatory Health Care Facilities
SPECIALTY/Taxonomy (Please Choose One)	<input type="checkbox"/> 503-Single Specialty 193400000X <input type="checkbox"/> 504-Multi-Specialty 193200000X

ND Medicaid Group Taxonomy List

<http://www.nd.gov/dhs/info/mmis/docs/mmis-group-provider-code-taxonomy.pdf>

*Hospitals must bill institutional fees in separate records from professional fees. Submit a separate application and checklist for institutional and professional billing. This checklist is used for the Hospital Professional Billing application.

**The IRS Form CP 575 is an Internal Revenue Service (IRS) generated letter providers receive from the IRS granting their Employer Identification Number (EIN). A copy of your CP 575 is required to verify the provider or supplier's legal business name and EIN. If you are not able to locate the first EIN letter, you can get a 147C letter from the IRS. This is a different type of EIN verification. Call the IRS at 1-800-829-0115 between the hours of 7 a.m. and 7 p.m. in your local time zone. Request a 147C letter when the IRS agent takes your call.

***Licenses submitted must be current as of the date the application is approved.

Please coordinate with your billing department and any other applicable area to determine the correct enrollment effective date. **The Department will not make changes to that date once the application is approved** and any claims submitted with a date of service prior to the enrollment effective date will deny. A retroactive enrollment effective date is limited to no more than ninety (90) days**** prior to the date a **complete** application packet is received by the Department. If the date requested is outside the 90 day timeframe, the enrollment effective date assigned will be 90 days from the date the complete application packet was received.

****If this application is associated with an emergency service, the Department may consider a date more than 90 days prior to the date a complete application packet is received. You must include a copy of the claim and medical records with your application documents.

This application is associated with an emergency service. We are requesting the date of _____. Refer to the **** above.

Enrollment Effective Date	
Printed Name (Requester)	Date

Group Application Checklist 029- Laboratory

Application Tracking #	
Provider Name	
Enrolled in Medicare?	<input type="checkbox"/> NO <input type="checkbox"/> YES Provide Medicare ID:
Enrolled in Medicaid in another State?	<input type="checkbox"/> NO <input type="checkbox"/> YES Provide Medicaid ID:
Billing Address	
Service Address	

Are you enrolling any other service locations at this time? YES NO
If yes, please attach a list with the addresses of all service locations being enrolled (must have the same Provider Type, NPI, EIN, and billing address)

Contact Person	
Phone	
Email	

Check List	Check
W-9 (10-2018)	Signed By: _____
CP 575/147C*	
IRS Tax Exempt Letter	Required if group provider is exempt from federal taxes
CLIA**	Issued: _____ Expires: _____
License/Certification**	Issued: _____ Expires: _____
Organizational NPI	Enumeration Date: _____
SFN 661 (6-2010)	Signed By: _____
Bank Letter/Voiced Check	
SFN 1168 (6-2018)	Signed By: _____ Instructions for the SFN 1168
Do you have any Managing Employees (authorized to sign on behalf of the business) not showing on the SFN 1168?	<input type="checkbox"/> YES <input type="checkbox"/> NO
List of Board Members/Trustees with dates of birth and SSNs	Required if group is a corporation or non-profit corporation
SFN 615 (11-2017)	Signed By: _____

PROVIDER TYPE 029-Laboratories

SPECIALTY

TAXONOMY

ND Medicaid Group Taxonomy List

<http://www.nd.gov/dhs/info/mmis/docs/mmis-group-provider-code-taxonomy.pdf>

*The IRS Form CP 575 is an Internal Revenue Service (IRS) generated letter providers receive from the IRS granting their Employer Identification Number (EIN). A copy of your CP 575 is required to verify the provider or supplier's legal business name and EIN. If you are not able to locate the first EIN letter, you can get a 147C letter from the IRS. This is a different type of EIN verification. Call the IRS at 1-800-829-0115 between the hours of 7 a.m. and 7 p.m. in your local time zone. Request a 147C letter when the IRS agent takes your call.

**Submit the licenses/certifications required by the state in which services are provided (service location). Licenses/certifications, and CLIA's submitted must cover the Claim Submission Effective Date and be current as of the date the application is approved.

***The PIU may consider a retro enrollment effective date that exceeds ninety days for situations involving emergent care provided to a ND Medicaid member.

Please coordinate with your billing department and any other applicable area to determine the correct enrollment effective date. **The Department will not make changes to that date once the application is approved** and any claims submitted with a date of service prior to the enrollment effective date will deny. A retroactive enrollment effective date is limited to no more than ninety (90) days**** prior to the date a **complete** application packet is received by the Department. If the date requested is outside the 90 day timeframe, the enrollment effective date assigned will be 90 days from the date the complete application packet was received.

****If this application is associated with an emergency service, the Department may consider a date more than 90 days prior to the date a complete application packet is received. You must include a copy of the claim and medical records with your application documents.

This application is associated with an emergency service. We are requesting the date of _____. Refer to the **** above.

Enrollment Effective Date		
Printed Name (Requester)		Date

Group Application Checklist 031 - 269 - Skilled Nursing Facility

Application Tracking #	
Provider Name	
Medicare ID*	
Billing Address	
Service Address	

Are you enrolling any other service locations at this time? YES NO

If yes, please attach a list with the addresses of all service locations being enrolled (must have the same Provider Type, NPI, EIN, and billing address)

Attending Provider**	
Medicaid ID/Application Tracking Number	

Contact Person	
Phone	
Email	

Check List	Check
W-9 (10-2018)	Signed By: <input type="checkbox"/>
CP 575/147C***	<input type="checkbox"/>
IRS Tax Exempt Letter	Required if group provider is exempt from federal taxes <input type="checkbox"/>
Nursing Facility License****	Issued: <input type="checkbox"/> Expires: <input type="checkbox"/>
CLIA****	Issued: <input type="checkbox"/> Expires: <input type="checkbox"/>
Organizational NPI	Enumeration Date: <input type="checkbox"/>
SFN 661 (6-2010)	Signed By: <input type="checkbox"/>
Bank Letter/Voided Check	<input type="checkbox"/>
SFN 509 (10-2018)	Required for Out of State Fee For Service Providers Only - Date of Service must match Claim Submission Effective Date <input type="checkbox"/>
Medical Notes	Required for Out of State Fee For Service Providers Only - Date of Service must match Claim Submission Effective Date <input type="checkbox"/>
SFN 1168 (6-2018)	Signed By: <input type="checkbox"/> Instructions for the SFN 1168
Do you have any Managing Employees (authorized to sign on behalf of the business) not showing on the SFN 1168?	<input type="checkbox"/> YES <input type="checkbox"/> NO
List of Board Members/Trustees with dates of birth and SSNs	Required if group is a corporation or non-profit corporation <input type="checkbox"/>
SFN 615 (11-2017)	Signed By: <input type="checkbox"/>

PROVIDER TYPE	031-Nursing & Custodial Care Facilities
SPECIALTY	269 SKILLED NURSING
TAXONOMY	31400000X

ND Medicaid Group Taxonomy List

<http://www.nd.gov/dhs/info/mmis/docs/mmis-group-provider-code-taxonomy.pdf>

*All Skilled Nursing Facilities must be enrolled with Medicare before enrolling with ND Medicaid.

**CMS requires the attending provider's NPI on the claim and the attending provider must be enrolled with ND Medicaid or the claim will deny.

***The IRS Form CP 575 is an Internal Revenue Service (IRS) generated letter providers receive from the IRS granting their Employer Identification Number (EIN). A copy of your CP 575 is required to verify the provider or supplier's legal business name and EIN. If you are not able to locate the first EIN letter, you can get a 147C letter from the IRS. This is a different type of EIN verification. Call the IRS at 1-800-829-0115 between the hours of 7 a.m. and 7 p.m. in your local time zone. Request a 147C letter when the IRS agent takes your call.

****Licenses and CLIAs submitted must cover the Claim Submission Effective Date and be current as of the date the application is approved.

Please coordinate with your billing department and any other applicable area to determine the correct enrollment effective date. **The Department will not make changes to that date once the application is approved** and any claims submitted with a date of service prior to the enrollment effective date will deny. A retroactive enrollment effective date is limited to no more than ninety (90) days***** prior to the date a **complete** application packet is received by the Department. If the date requested is outside the 90 day timeframe, the enrollment effective date assigned will be 90 days from the date the complete application packet was received.

*****If this application is associated with an emergency service, the Department may consider a date more than 90 days prior to the date a complete application packet is received. You must include a copy of the claim and medical records with your application documents.

This application is associated with an emergency service. We are requesting the date of _____. Refer to the ***** above.

Enrollment Effective Date	
Printed Name (Requester)	Date

Group Application Checklist

032- 258- Psychiatric Residential Treatment Facility

Application Tracking #			
Provider Name			
Enrolled in Medicare?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	Provide Medicare ID:
Enrolled in Medicaid in another State?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	Provide Medicaid ID:
Billing Address			
Service Address			
Are you enrolling any other service locations at this time?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<i>If yes, please attach a list with the addresses of all service locations being enrolled (must have the same Provider Type, NPI, EIN, and billing address)</i>			
Attending Provider*			
Medicaid ID/Application Tracking Number			

Contact Person			
Phone			
Email			

Check List	Check
W-9 (10-2018)	Signed By: _____
CP 575/147C**	
IRS Tax Exempt Letter	Required if group provider is exempt from federal taxes
License***	Issued: _____ Expires: _____
Accreditation***	Issued: _____ Expires: _____
Organizational NPI	Enumeration Date: _____
SFN 661 (6-2010)	Signed By: _____
Bank Letter/Voided Check	
SFN 509 (10-2018)	Required for Out of State Fee For Service Providers Only - Date of Service must match Claim Submission Effective Date
SFN 1168 (6-2018)	Signed By: _____ Instructions for the SFN 1168
Do you have any Managing Employees (authorized to sign on behalf of the business) not showing on the SFN 1168?	<input type="checkbox"/> YES <input type="checkbox"/> NO
List of Board Members/Trustees with dates of birth and SSNs	Required if group is a corporation or non-profit corporation
SFN 615 (11-2017)	Signed By: _____

PROVIDER TYPE	032-Residential Treatment Facilities
SPECIALTY	258-Psychiatric Residential Treatment Facility
TAXONOMY	323P00000X

ND Medicaid Group Taxonomy List

<http://www.nd.gov/dhs/info/mmis/docs/mmis-group-provider-code-taxonomy.pdf>

*CMS requires the attending provider's NPI on the claim and the attending provider must be enrolled with ND Medicaid or the claim will deny.

**The IRS Form CP 575 is an Internal Revenue Service (IRS) generated letter providers receive from the IRS granting their Employer Identification Number (EIN). A copy of your CP 575 is required to verify the provider or supplier's legal business name and EIN. If you are not able to locate the first EIN letter, you can get a 147C letter from the IRS. This is a different type of EIN verification. Call the IRS at 1-800-829-0115 between the hours of 7 a.m. and 7 p.m. in your local time zone. Request a 147C letter when the IRS agent takes your call.

***Licenses and Accreditations submitted must cover the Claim Submission Effective Date and be current as of the date the application is approved.

Please coordinate with your billing department and any other applicable area to determine the correct enrollment effective date. **The Department will not make changes to that date once the application is approved** and any claims submitted with a date of service prior to the enrollment effective date will deny. A retroactive enrollment effective date is limited to no more than ninety (90) days**** prior to the date a **complete** application packet is received by the Department. If the date requested is outside the 90 day timeframe, the enrollment effective date assigned will be 90 days from the date the complete application packet was received.

****If this application is associated with an emergency service, the Department may consider a date more than 90 days prior to the date a complete application packet is received. You must include a copy of the claim and medical records with your application documents.

This application is associated with an emergency service. We are requesting the date of _____. Refer to the **** above.

Enrollment Effective Date			
Printed Name (Requester)		Date	

Group Application Checklist

032- 264- RTF, Emotionally Disturbed Children (RCCF)

Application Tracking #			
Provider Name			
Enrolled in Medicare?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	Provide Medicare ID:
Enrolled in Medicaid in another State?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	Provide Medicaid ID:
Billing Address			
Service Address			
Are you enrolling any other service locations at this time?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<i>If yes, please attach a list with the addresses of all service locations being enrolled (must have the same Provider Type, NPI, EIN, and billing address)</i>			
Contact Person			
Phone			
Email			

Check List	Check
W-9 (10-2018)	Signed By: <input type="checkbox"/>
CP 575/147C*	<input type="checkbox"/>
IRS Tax Exempt Letter	Required if group provider is exempt from federal taxes
RCCF License**	Issued: <input type="checkbox"/> Expires: <input type="checkbox"/>
Organizational NPI	Enumeration Date: <input type="checkbox"/>
SFN 661 (6-2010)	Signed By: <input type="checkbox"/>
Bank Letter/Voided Check	<input type="checkbox"/>
SFN 509 (10-2018)	Required for Out of State Fee For Service Providers Only - Date of Service must match Claim Submission Effective Date
SFN 1168 (6-2018)	Signed By: <input type="checkbox"/> Instructions for the SFN 1168
Do you have any Managing Employees (authorized to sign on behalf of the business) not showing on the SFN 1168?	<input type="checkbox"/> YES <input type="checkbox"/> NO
List of Board Members/Trustees with dates of birth and SSNs	Required if group is a corporation or non-profit corporation
SFN 615 (11-2017)	Signed By: <input type="checkbox"/>

PROVIDER TYPE	032-Residential Treatment Facilities
SPECIALTY	264-RTF, Emotionally Disturbed Children
TAXONOMY	322D00000X

ND Medicaid Group Taxonomy List

<http://www.nd.gov/dhs/info/mmis/docs/mmis-group-provider-code-taxonomy.pdf>

*The IRS Form CP 575 is an Internal Revenue Service (IRS) generated letter providers receive from the IRS granting their Employer Identification Number (EIN). A copy of your CP 575 is required to verify the provider or supplier's legal business name and EIN. If you are not able to locate the first EIN letter, you can get a 147C letter from the IRS. This is a different type of EIN verification. Call the IRS at 1-800-829-0115 between the hours of 7 a.m. and 7 p.m. in your local time zone. Request a 147C letter when the IRS agent takes your call.

**Licenses and Accreditations submitted must cover the Claim Submission Effective Date and be current as of the date the application is approved.

Please coordinate with your billing department and any other applicable area to determine the correct enrollment effective date. **The Department will not make changes to that date once the application is approved** and any claims submitted with a date of service prior to the enrollment effective date will deny. A retroactive enrollment effective date is limited to no more than ninety (90) days*** prior to the date a **complete** application packet is received by the Department. If the date requested is outside the 90 day timeframe, the enrollment effective date assigned will be 90 days from the date the complete application packet was received.

***If this application is associated with an emergency service, the Department may consider a date more than 90 days prior to the date a complete application packet is received. You must include a copy of the claim and medical records with your application documents.

This application is associated with an emergency service. We are requesting the date of _____. Refer to the *** above.

Enrollment Effective Date			
Printed Name (Requester)		Date	

Sole Proprietor Checklist*

* Use this Checklist only if the sole proprietor submits taxes to the IRS under his/her SSN. If he/she submits under the Tax ID of the business, use the applicable group checklist.

For more information, please see: [Provider Enrollment FAQ](#)

Application Tracking #	
Provider Name	
Work Phone	
Service Location	

How are you filing taxes with the IRS? Filing under SSN Filing under EIN (Tax ID)

*Sole Proprietor's filing taxes under an SSN submit an Individual online application and the documents indicated below
Sole Proprietor's filing taxes under a business Tax ID (EIN) submit a Group online application and use the Group Checklist that matches the Provider Type/Specialty/Taxonomy needed to bill the services provided by the business.*

Billing Address	
Mailing Address	
Contact Person	
Phone	
Email	

Check List	Check
W-9 (10-2018)	Signed By: <input type="checkbox"/>
License (must cover requested effective date)	Issued: <input type="checkbox"/> Expires: <input type="checkbox"/>
DEA (If Applicable)	Issued: <input type="checkbox"/> Expires: <input type="checkbox"/>
Individual NPI	Enumeration Date: <input type="checkbox"/>
SFN 661 (6-2010)	
Voided Check/Bank Letter	
SFN 1168 (6-2018)	Signed By: <input type="checkbox"/> Instructions for the SFN 1168
Do you have any Managing Employees (authorized to sign on behalf of the business) not showing on the SFN 1168?	<input type="checkbox"/> YES <input type="checkbox"/> NO
SFN 615 (11-2017)	Signed by the Individual Provider who is applying <input type="checkbox"/>

PROVIDER TYPE

SPECIALTY

TAXONOMY

ND Medicaid Individual Taxonomy List

<https://www.nd.gov/dhs/info/mmis/docs/mmis-individual-provider-code-taxonomy.pdf>

Please coordinate with your billing department and any other applicable area to determine the correct enrollment effective date. **The Department will not make changes to that date once the application is approved** and any claims submitted with a date of service prior to the enrollment effective date will deny. A retroactive enrollment effective date is limited to no more than ninety (90) days** prior to the date a **complete** application packet is received by the Department. If the date requested is outside the 90 day timeframe, the enrollment effective date assigned will be 90 days from the date the complete application packet was received.

**If this application is associated with an emergency service, the Department may consider a date more than 90 days prior to the date a complete application packet is received. You must include a copy of the claim and medical records with your application documents.

This application is associated with an emergency service. We are requesting the date of _____ . Refer to the ** above.

Enrollment Effective Date	
Printed Name (Requester)	Date

Individual Application Checklist - Reports Taxes under SSN

Individual Application 039- Autism Waiver

Application Tracking #	
Provider Name	
Work Phone	
Service Address	

How are you filing taxes with the IRS? Filing under SSN Filing under EIN (Tax ID)

Sole Proprietor's filing taxes under an SSN submit an Individual online application and the documents indicated below

Sole Proprietor's filing taxes under a business Tax ID (EIN) submit a Group online application and use the Group Checklist that matches the Provider Type/Specialty/Taxonomy needed to bill the services provided by the business.

Billing Address	
Mailing Address	
Contact Person	
Phone	
Email	

Check List	Check
W-9 (10-2018)	Signed By: <input type="checkbox"/>
License (must cover requested effective date)	Issued: <input type="checkbox"/> Expires: <input type="checkbox"/>
SFN 661 (6-2010)	Signed By: <input type="checkbox"/>
Bank Letter/Voiced Check	<input type="checkbox"/>
SFN 1168 (6-2018)	Signed By: <input type="checkbox"/> Instructions for the SFN 1168
Do you have any Managing Employees (authorized to sign on behalf of the business) not showing on the SFN 1168?	<input type="checkbox"/> YES <input type="checkbox"/> NO
SFN 615 (11-2017)	Signed By: <input type="checkbox"/>

PROVIDER TYPE 039-Developmental Disabilities

SPECIALTY 508-Service Management

TAXONOMY A taxonomy code is not required for this provider type/specialty combination

Sole proprietor can only do **508-Service Management**.

086-Respite, 501-Self-Directed Support, and 505-Assistive Technology are only for Entities.

Specialties **506-Program Design & Monitoring** and **507-Skills Training** would only be an entity enrolled under the **026 Ambulatory Healthcare Facility/026 Adolescent and Children Mental Health** checklist.

Please coordinate with your billing department and any other applicable area to determine the correct enrollment effective date. **The Department will not make changes to that date once the application is approved** and any claims submitted with a date of service prior to the enrollment effective date will deny. A retroactive enrollment effective date is limited to no more than ninety (90) days* prior to the date a **complete** application packet is received by the Department. If the date requested is outside the 90 day timeframe, the enrollment effective date assigned will be 90 days from the date the complete application packet was received.

*If this application is associated with an emergency service, the Department may consider a date more than 90 days prior to the date a complete application packet is received. You must include a copy of the claim and medical records with your application documents.

This application is associated with an emergency service. We are requesting the date of _____ . Refer to the * above.

Enrollment Effective Date	
Printed Name (Requester)	Date

Group Application Checklist 033- Durable Medical Equipment

Application Tracking #	
Provider Name	
Medicare ID*	
Billing Address	
Service Address	

Are you enrolling any other service locations at this time? YES NO

If yes, please attach a list with the addresses of all service locations being enrolled (must have the same Provider Type, NPI, EIN, and billing address)

Contact Person	
Phone	
Email	

Check List	Check
W-9 (10-2018)	Signed By: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
CP 575/147C**	
IRS Tax Exempt Letter	Required if group provider is exempt from federal taxes
License/Certification of DME Supplier***	Issued: <input type="checkbox"/> Expires: <input type="checkbox"/>
ND Pharmacy License***	Issued: <input type="checkbox"/> Expires: <input type="checkbox"/>
Organizational NPI	Enumeration Date: <input type="checkbox"/>
SFN 661 (6-2010)	Signed By: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Bank Letter/Voiced Check	
SFN 509 (10-2018)	Required for Out of State Fee For Service Providers Only - Date of Service must match Claim Submission Effective Date
SFN 1168 (6-2018)	Signed By: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Instructions for the SFN 1168
Do you have any Managing Employees (authorized to sign on behalf of the business) not showing on the SFN 1168?	<input type="checkbox"/> YES <input type="checkbox"/> NO
List of Board Members/Trustees with dates of birth and SSNs	Required if group is a corporation or non-profit corporation
SFN 615 (11-2017)	Signed By: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

PROVIDER TYPE 033-Suppliers

SPECIALTY

TAXONOMY

ND Medicaid Group Taxonomy List

<http://www.nd.gov/dhs/info/mmis/docs/mmis-group-provider-code-taxonomy.pdf>

*All DME Providers must be enrolled with Medicare before enrolling with ND Medicaid.

*Out Of State DME providers providing items to a ND Medicaid Recipient residing in a Nursing Home, ICF/MR, or Swing Bed facility will not be enrolled. DME items are to be supplied by the facility, are reflected in the cost statement, and are not payable to pharmacies or other providers including DME providers.

**The IRS Form CP 575 is an Internal Revenue Service (IRS) generated letter providers receive from the IRS granting their Employer Identification Number (EIN). A copy of your CP 575 is required to verify the provider or supplier's legal business name and EIN. If you are not able to locate the first EIN letter, you can get a 147C letter from the IRS. This is a different type of EIN verification. Call the IRS at 1-800-829-0115 between the hours of 7 a.m. and 7 p.m. in your local time zone. Request a 147C letter when the IRS agent takes your call.

***Licenses submitted must cover the Claim Submission Effective Date and be current as of the date the application is approved.

Please coordinate with your billing department and any other applicable area to determine the correct enrollment effective date. **The Department will not make changes to that date once the application is approved** and any claims submitted with a date of service prior to the enrollment effective date will deny. A retroactive enrollment effective date is limited to no more than ninety (90) days**** prior to the date a **complete** application packet is received by the Department. If the date requested is outside the 90 day timeframe, the enrollment effective date assigned will be 90 days from the date the complete application packet was received.

****If this application is associated with an emergency service, the Department may consider a date more than 90 days prior to the date a complete application packet is received. You must include a copy of the claim and medical records with your application documents.

This application is associated with an emergency service. We are requesting the date of _____. Refer to the **** above.

Enrollment Effective Date	
Printed Name (Requester)	Date

Group Application Checklist 033- Pharmacy

Application Tracking #	
Provider Name	
Enrolled in Medicare?	<input type="checkbox"/> NO <input type="checkbox"/> YES Provide Medicare ID:
Enrolled in Medicaid in another State?	<input type="checkbox"/> NO <input type="checkbox"/> YES Provide Medicaid ID:
Billing Address	
Service Address	

Are you enrolling any other service locations at this time? YES NO
If yes, please attach a list with the addresses of all service locations being enrolled (must have the same Provider Type, NPI, EIN, and billing address)

Contact Person	
Phone	
Email	

Check List	Check
W-9 (10-2018)	Signed By: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
CP 575/147C*	
IRS Tax Exempt Letter	Required if group provider is exempt from federal taxes
License/Certification**	Issued: <input type="checkbox"/> Expires: <input type="checkbox"/>
Organizational NPI	Enumeration Date: <input type="checkbox"/>
SFN 661 (6-2010)	Signed By: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Bank Letter/Voiced Check	
SFN 509 (10-2018)	Required for Out of State Fee For Service Providers Only - Date of Service must match Claim Submission Effective Date
SFN 1168 (6-2018)	Signed By: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Instructions for the SFN 1168
Do you have any Managing Employees (authorized to sign on behalf of the business) not showing on the SFN 1168? <input type="checkbox"/> YES <input type="checkbox"/> NO	
List of Board Members/Trustees with dates of birth and SSNs	Required if group is a corporation or non-profit corporation
SFN 615 (11-2017)	Signed By: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
SFN 1169 (3-2018)	Signed By: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

PROVIDER TYPE 033-Suppliers

SPECIALTY

TAXONOMY

ND Medicaid Group Taxonomy List

<http://www.nd.gov/dhs/info/mmis/docs/mmis-group-provider-code-taxonomy.pdf>

*The IRS Form CP 575 is an Internal Revenue Service (IRS) generated letter providers receive from the IRS granting their Employer Identification Number (EIN). A copy of your CP 575 is required to verify the provider or supplier's legal business name and EIN. If you are not able to locate the first EIN letter, you can get a 147C letter from the IRS. This is a different type of EIN verification. Call the IRS at 1-800-829-0115 between the hours of 7 a.m. and 7 p.m. in your local time zone. Request a 147C letter when the IRS agent takes your call.

**License and DEA submitted must cover the Claim Submission Effective Date and be current as of the date the application is approved.

Please coordinate with your billing department and any other applicable area to determine the correct enrollment effective date. **The Department will not make changes to that date once the application is approved** and any claims submitted with a date of service prior to the enrollment effective date will deny. A retroactive enrollment effective date is limited to no more than ninety (90) days*** prior to the date a **complete** application packet is received by the Department. If the date requested is outside the 90 day timeframe, the enrollment effective date assigned will be 90 days from the date the complete application packet was received.

***If this application is associated with an emergency service, the Department may consider a date more than 90 days prior to the date a complete application packet is received. You must include a copy of the claim and medical records with your application documents.

This application is associated with an emergency service. We are requesting the date of _____. Refer to the *** above.

Enrollment Effective Date		
Printed Name (Requester)		Date

Group Application Checklist 033- 383- Hearing Aid Specialists*

Application Tracking #	
Provider Name	
Enrolled in Medicare?	<input type="checkbox"/> NO <input type="checkbox"/> YES Provide Medicare ID:
Enrolled in Medicaid in another State?	<input type="checkbox"/> NO <input type="checkbox"/> YES Provide Medicaid ID:
Billing Address	
Service Address	

Are you enrolling any other service locations at this time? YES NO
If yes, please attach a list with the addresses of all service locations being enrolled (must have the same Provider Type, NPI, EIN, and billing address)

Contact Person	
Phone	
Email	

Check List	Check
W-9 (10-2018)	Signed By: _____
CP 575/147C**	
IRS Tax Exempt Letter	Required if group provider is exempt from federal taxes
License/Certification of DME Supplier***	Issued: _____ Expires: _____
Organizational NPI	Enumeration Date: _____
SFN 661 (6-2010)	Signed By: _____
Bank Letter/Voided Check	
SFN 509 (10-2018)	Required for Out of State Fee For Service Providers Only - Date of Service must match Claim Submission Effective Date
SFN 1168 (6-2018)	Signed By: _____ Instructions for the SFN 1168
Do you have any Managing Employees (authorized to sign on behalf of the business) not showing on the SFN 1168?	<input type="checkbox"/> YES <input type="checkbox"/> NO
List of Board Members/Trustees with dates of birth and SSNs	Required if group is a corporation or non-profit corporation
SFN 615 (11-2017)	Signed By: _____

PROVIDER TYPE 033-Suppliers

SPECIALTY 383-Hearing Aid Equipment

TAXONOMY 332S00000X

ND Medicaid Group Taxonomy List

<http://www.nd.gov/dhs/info/mmis/docs/mmis-group-provider-code-taxonomy.pdf>

*All Hearing Aid Specialist Providers must be enrolled with Medicare before enrolling with ND Medicaid.

**The IRS Form CP 575 is an Internal Revenue Service (IRS) generated letter providers receive from the IRS granting their Employer Identification Number (EIN). A copy of your CP 575 is required to verify the provider or supplier's legal business name and EIN. If you are not able to locate the first EIN letter, you can get a 147C letter from the IRS. This is a different type of EIN verification. Call the IRS at 1-800-829-0115 between the hours of 7 a.m. and 7 p.m. in your local time zone. Request a 147C letter when the IRS agent takes your call.

***License submitted must cover the Claim Submission Effective Date and be current as of the date the application is approved.

Please coordinate with your billing department and any other applicable area to determine the correct enrollment effective date. **The Department will not make changes to that date once the application is approved** and any claims submitted with a date of service prior to the enrollment effective date will deny. A retroactive enrollment effective date is limited to no more than ninety (90) days**** prior to the date a **complete** application packet is received by the Department. If the date requested is outside the 90 day timeframe, the enrollment effective date assigned will be 90 days from the date the complete application packet was received.

****If this application is associated with an emergency service, the Department may consider a date more than 90 days prior to the date a complete application packet is received. You must include a copy of the claim and medical records with your application documents.

This application is associated with an emergency service. We are requesting the date of _____. Refer to the **** above.

Enrollment Effective Date	
Printed Name (Requester)	Date

Group Application Checklist 034- Ambulance

Application Tracking #	
Provider Name	
Medicare ID*	
Billing Address	
Service Address	

Are you enrolling any other service locations at this time? YES NO

If yes, please attach a list with the addresses of all service locations being enrolled (must have the same Provider Type, NPI, EIN, and billing address)

Contact Person	
Phone	
Email	

Check List	Check
W-9 (10-2018)	Signed By: _____
CP 575/147C**	
IRS Tax Exempt Letter	Required if group provider is exempt from federal taxes
Ambulance License***	Issued: _____ Expires: _____
Organizational NPI	Enumeration Date: _____
SFN 661 (6-2010)	Signed By: _____
Bank Letter/Voided Check	
SFN 509 (10-2018)	Required for Out of State Fee For Service Providers Only - Date of Service must match Claim Submission Effective Date
Out of State Trip Notes	Required for Out of State Fee For Service Providers Only - Date of Service must match Claim Submission Effective Date
SFN 1168 (6-2018)	Signed By: _____ Instructions for the SFN 1168
Do you have any Managing Employees (authorized to sign on behalf of the business) not showing on the SFN 1168?	<input type="checkbox"/> YES <input type="checkbox"/> NO
List of Board Members/Trustees with dates of birth and SSNs	Required if group is a corporation or non-profit corporation
SFN 615 (11-2017)	Signed By: _____

PROVIDER TYPE	034-Transportation Services	
SPECIALTY/Taxonomy (Please Check all that apply)	<input type="checkbox"/> 511-Ambulance-Land Transport 3416L0300X	<input type="checkbox"/> 510-Ambulance-Air Transport 3416A0800X

ND Medicaid Group Taxonomy List

<http://www.nd.gov/dhs/info/mmis/docs/mmis-group-provider-code-taxonomy.pdf>

*All Ambulance Group Providers must be enrolled with Medicare before enrolling with ND Medicaid.

**The IRS Form CP 575 is an Internal Revenue Service (IRS) generated letter providers receive from the IRS granting their Employer Identification Number (EIN). A copy of your CP 575 is required to verify the provider or supplier's legal business name and EIN. If you are not able to locate the first EIN letter, you can get a 147C letter from the IRS. This is a different type of EIN verification. Call the IRS at 1-800-829-0115 between the hours of 7 a.m. and 7 p.m. in your local time zone. Request a 147C letter when the IRS agent takes your call.

***Licenses submitted must cover the Claim Submission Effective Date and be current as of the date the application is approved.

Please coordinate with your billing department and any other applicable area to determine the correct enrollment effective date. **The Department will not make changes to that date once the application is approved** and any claims submitted with a date of service prior to the enrollment effective date will deny. A retroactive enrollment effective date is limited to no more than ninety (90) days**** prior to the date a **complete** application packet is received by the Department. If the date requested is outside the 90 day timeframe, the enrollment effective date assigned will be 90 days from the date the complete application packet was received.

****If this application is associated with an emergency service, the Department may consider a date more than 90 days prior to the date a complete application packet is received. You must include a copy of the claim and medical records with your application documents.

This application is associated with an emergency service. We are requesting the date of _____. Refer to the **** above.

Enrollment Effective Date	
Printed Name (Requester)	Date

Group Application Checklist 039- Autism Waiver

Application Tracking #	
Provider Name	
Billing Address	
Service Address	

Are you enrolling any other service locations at this time? YES NO

If yes, please attach a list with the addresses of all service locations being enrolled (must have the same Provider Type, EIN, and billing address)

Contact Person	
Phone	
Email	

Check List	Check
W-9 (10-2018) Signed By:	
CP 575/147C*	
IRS Tax Exempt Letter	Required if group provider is exempt from federal taxes
SFN 661 (6-2010) Signed By:	
Bank Letter/Voiced Check	
SFN 1168 (6-2018) Signed By:	Instructions for the SFN 1168
Do you have any Managing Employees (authorized to sign on behalf of the business) not showing on the SFN 1168?	<input type="checkbox"/> YES <input type="checkbox"/> NO
List of Board Members/Trustees with dates of birth and SSNs	Required if group is a corporation or non-profit corporation
SFN 615 (11-2017) Signed By:	

PROVIDER TYPE 039-Developmental Disabilities

SPECIALTY

TAXONOMY

Specialties **086, 501, 505, & 508** only.

Specialties **506 and 507** would be enrolled under the **026 Ambulatory Healthcare Facility/026 Adolescent and Children Mental Health** checklist.

ND Medicaid Group Taxonomy List

<http://www.nd.gov/dhs/info/mmis/docs/mmis-group-provider-code-taxonomy.pdf>

*The IRS Form CP 575 is an Internal Revenue Service (IRS) generated letter providers receive from the IRS granting their Employer Identification Number (EIN). A copy of your CP 575 is required to verify the provider or supplier's legal business name and EIN. If you are not able to locate the first EIN letter, you can get a 147C letter from the IRS. This is a different type of EIN verification. Call the IRS at 1-800-829-0115 between the hours of 7 a.m. and 7 p.m. in your local time zone. Request a 147C letter when the IRS agent takes your call.

Please coordinate with your billing department and any other applicable area to determine the correct enrollment effective date. **The Department will not make changes to that date once the application is approved** and any claims submitted with a date of service prior to the enrollment effective date will deny. A retroactive enrollment effective date is limited to no more than ninety (90) days** prior to the date a **complete** application packet is received by the Department. If the date requested is outside the 90 day timeframe, the enrollment effective date assigned will be 90 days from the date the complete application packet was received.

**If this application is associated with an emergency service, the Department may consider a date more than 90 days prior to the date a complete application packet is received. You must include a copy of the claim and medical records with your application documents.

This application is associated with an emergency service. We are requesting the date of _____. Refer to the ** above.

Enrollment Effective Date	
Printed Name (Requester)	
Date	

Group Application Checklist 043- Basic Care*

Application Tracking #			
Provider Name			
Enrolled in Medicare?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	Provide Medicare ID:
Enrolled in Medicaid in another State?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	Provide Medicaid ID:
Billing Address			
Service Address			
Are you enrolling any other service locations at this time? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<i>If yes, please attach a list with the addresses of all service locations being enrolled (must have the same Provider Type, NPI, EIN, and billing address)</i>			
Attending Provider**			
Medicaid ID/Application Tracking Number			

Contact Person			
Phone			
Email			

Check List	Check
W-9 (10-2018)	Signed By: _____
CP 575/147C***	
IRS Tax Exempt Letter	Required if group provider is exempt from federal taxes
Basic Care License****	Issued: _____ Expires: _____
CLIA****	Issued: _____ Expires: _____
Organizational NPI	Enumeration Date: _____
SFN 661 (6-2010)	Signed By: _____
Bank Letter/Voided Check	
SFN 1168 (6-2018)	Signed By: _____ Instructions for the SFN 1168
Do you have any Managing Employees (authorized to sign on behalf of the business) not showing on the SFN 1168? <input type="checkbox"/> YES <input type="checkbox"/> NO	
List of Board Members/Trustees with dates of birth and SSNs	Required if group is a corporation or non-profit corporation
SFN 615 (11-2017)	Signed By: _____
SFN 308 (5-2005)	Signed By: _____

PROVIDER TYPE	043-Basic Care
SPECIALTY	079-Basic Care Facility
TAXONOMY	311Z00000X

ND Medicaid Group Taxonomy List

<http://www.nd.gov/dhs/info/mmis/docs/mmis-group-provider-code-taxonomy.pdf>

*No Out of State Basic Care Facilities will be enrolled for Fee For Service. All Rural Health Clinics must be enrolled with Medicare before enrolling with ND Medicaid.

**CMS requires the attending provider's NPI on the claim and the attending provider must be enrolled with ND Medicaid or the claim will deny.

***The IRS Form CP 575 is an Internal Revenue Service (IRS) generated letter providers receive from the IRS granting their Employer Identification Number (EIN). A copy of your CP 575 is required to verify the provider or supplier's legal business name and EIN. If you are not able to locate the first EIN letter, you can get a 147C letter from the IRS. This is a different type of EIN verification. Call the IRS at 1-800-829-0115 between the hours of 7 a.m. and 7 p.m. in your local time zone. Request a 147C letter when the IRS agent takes your call.

****License and CLIA submitted must cover the Claim Submission Effective Date and be current as of the date the application is approved.

Please coordinate with your billing department and any other applicable area to determine the correct enrollment effective date. **The Department will not make changes to that date once the application is approved** and any claims submitted with a date of service prior to the enrollment effective date will deny. A retroactive enrollment effective date is limited to no more than ninety (90) days***** prior to the date a **complete** application packet is received by the Department. If the date requested is outside the 90 day timeframe, the enrollment effective date assigned will be 90 days from the date the complete application packet was received.

*****If this application is associated with an emergency service, the Department may consider a date more than 90 days prior to the date a complete application packet is received. You must include a copy of the claim and medical records with your application documents.

This application is associated with an emergency service. We are requesting the date of _____. Refer to the ***** above.

Enrollment Effective Date			
Printed Name (Requester)		Date	

Group Application Checklist

047- Indian Health Services

Application Tracking #	
------------------------	--

Do you have a 638 Contract? Yes No
 If yes, please submit the portion of your contract which indicates the services you are contracted to provide.

Provider Name	
---------------	--

Enrolled in Medicare? NO YES Provide Medicare ID: _____

Enrolled in Medicaid in another State? NO YES Provide Medicaid ID: _____

Billing Address	
Service Address	

Are you enrolling any other service locations at this time? YES NO

If yes, please attach a list with the addresses of all service locations being enrolled (must have the same Provider Type, NPI, EIN, and billing address)

Contact Person	
Phone	
Email	

Check List	Check
W-9 (10-2018) Signed By: _____	
CP 575/147C*	
IRS Tax Exempt Letter	Required if group provider is exempt from federal taxes
Organizational NPI Enumeration Date: _____	
SFN 661 (6-2010) Signed By: _____	
Bank Letter/Voided Check	
SFN 1168 (6-2018) Signed By: _____ Instructions for the SFN 1168	
Do you have any Managing Employees (authorized to sign on behalf of the business) not showing on the SFN 1168? <input type="checkbox"/> YES <input type="checkbox"/> NO	
List of Board Members/Trustees with dates of birth and SSNs	Required if group is a corporation or non-profit corporation
SFN 615 (11-2017) Signed By: _____	

PROVIDER TYPE 047-Indian Health Services

SPECIALTY _____

TAXONOMY _____

ND Medicaid Group Taxonomy List

<http://www.nd.gov/dhs/info/mmis/docs/mmis-group-provider-code-taxonomy.pdf>

*The IRS Form CP 575 is an Internal Revenue Service (IRS) generated letter providers receive from the IRS granting their Employer Identification Number (EIN). A copy of your CP 575 is required to verify the provider or supplier's legal business name and EIN. If you are not able to locate the first EIN letter, you can get a 147C letter from the IRS. This is a different type of EIN verification. Call the IRS at 1-800-829-0115 between the hours of 7 a.m. and 7 p.m. in your local time zone. Request a 147C letter when the IRS agent takes your call.

Please coordinate with your billing department and any other applicable area to determine the correct enrollment effective date. **The Department will not make changes to that date once the application is approved** and any claims submitted with a date of service prior to the enrollment effective date will deny. A retroactive enrollment effective date is limited to no more than ninety (90) days** prior to the date a **complete** application packet is received by the Department. If the date requested is outside the 90 day timeframe, the enrollment effective date assigned will be 90 days from the date the complete application packet was received.

**If this application is associated with an emergency service, the Department may consider a date more than 90 days prior to the date a complete application packet is received. You must include a copy of the claim and medical records with your application documents.

This application is associated with an emergency service. We are requesting the date of _____. Refer to the ** above.

Enrollment Effective Date				
Printed Name (Requester)		Date		